2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099962

Entity Name: EDGE AUTOMOTIVE REPAIR, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

885 NE ORCHID BAY DRIVE 4040 NW 1ST AVENUE BOCA RATON, FL 33487 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

885 NE ORCHID BAY DRIVE 4040 NW 1ST AVENUE BOCA RATON, FL 33487 BOCA RATON, FL 33431

FEI Number: 65-1318653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GROSSMAN, KIMBERLY

885 NE ORCHID BAY DRIVE

BOCA RATON, FL 33487 US

GROSSMAN, MICHAEL

4040 NW 1ST AVENUE

BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL LEVY 01/07/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LEVY, MICHAEL Name: Name: LEVY, MICHAEL 885 NE ORCHID BAY DRIVE 4040 NW 1ST AVENUE Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33431

 Name:
 LEVY, MICHAEL
 Name:
 LEVY, MICHAEL

 Address:
 885 NE ORCHID BAY DRIVE
 Address:
 4040 NW 1ST AVENUE

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:
 BOCA RATON, FL 33431

Title: VP/D () Delete Title: VP/D (X) Change () Addition

 Name:
 GROSSMAN, KIMBERLY
 Name:
 GROSSMAN, KIMBERLY

 Address:
 885 NE ORCHID BAY DRIVE
 Address:
 4040 NW 1ST AVENUE

 City-St-Zip:
 BOCA RATON, FL 33487
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 BOCA RATON, FL 33431

Title: T () Delete Title: T (X) Change () Addition

 Name:
 GROSSMAN, KIMBERLY
 Name:
 GROSSMAN, KIMBERLY

 Address:
 885 NE ORCHID BAY DRIVE
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 BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LEVY P 01/07/2008