2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105546

Entity Name: NU EDGE DESIGNS, INC

FILED Apr 05, 2011 Secretary of State

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

956 SE WEST VIRGINIA DR 131 N 2ND STREET PORT ST. LUCIE, FL 34983

#227

FT. PIERCE, FL 34983

Current Mailing Address: New Mailing Address:

956 SE WEST VIRGINIA DR 131 N 2ND STREET

PORT ST. LUCIE, FL 34983 #227

FT. PIERCE, FL 34983

FEI Number: 30-0442305 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:

JARRELL, MICHALE P JARRELL, MICHALE P 956 SE WEST VIRGINIA DR 684 NE LÍTTLE KAYAK POINT PORT ST LUCIE, FL 34983 US PORT ST LUCIE, FL 34983

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: MICHALE JARRELL 04/05/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

JARRELL, MICHALE P Name: 684 NE LITTLE KAYAK POINT Address: City-St-Zip: PORT ST LUCIE, FL 34983

Title: VΡ

Name: JARRELL, MICHALE P 684 NE LITTLE KAYAK POINT Address: PORT ST LUCIE, FL 34983 City-St-Zip:

Title:

JARRELL, MICHALE P Name: 684 NE LITTLE KAYAK POINT Address: City-St-Zip: PORT ST LUCIE, FL 34983

Title:

JARRELL, MICHALE P Name: Address: 684 NE LITTLE KAYAK POINT City-St-Zip: PORT ST LUCIE, FL 34983

I hereby 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 all other like empowered.

Ρ SIGNATURE: MICHALE JARRELL 04/05/2011