2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# P08000031774

Entity Name: EDGECOMB ENTERPRISES, INC.

Current Principal Place of Business:

570 NW WAVERLY CIRCLE
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

5025 CARNEGIE LANE
APT 107
SANFORD, FL 32771 US

Current Mailing Address:

570 NW WAVERLY CIRCLE
PORT ST LUCIE, FL 34983 US

New Mailing Address:

5025 CARNEGIE LANE
APT 107
SANFORD, FL 32771 US

FEI Number: 26-2268499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDGECOMB, STEVEN H
570 NW WAVERLY CIRCLE
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

EDGECOMB, STEVEN H
5025 CARNEGIE LANE
APT 107
SANFORD, FL 32771 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: 04/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete
Name: EDGECOMB, STEVEN H
Address: 570 NW WAVERLY CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP/S ( ) Delete
Name: EDGECOMB, JUDY
Address: 570 NW WAVERLY CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: EDGECOMB, STEVEN H
Address: 5025 CARNEGIE LANE APT 107
City-St-Zip: SANFORD, FL 32771 US

Title: VP/S (X) Change ( ) Addition
Name: EDGECOMB, JUDY
Address: 5025 CARNEGIE LANE APT 107
City-St-Zip: SANFORD, FL 32771 US

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: STEVEN H EDGECOMB PRES 04/25/2009
Electronic Signature of Signing Officer or Director — Date