2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060618

EDOE MAGAZINIE INIO

City-St-Zip:

JACKSONVILLE, FL 32258 US

FILED Jul 31, 2009 Secretary of State

Entity Name: EDGE MAGAZINE, INC.		
Current Principal Place of Business:	New Principal Place	of Business:
12171 BEACH BLVD. UNIT 1725 JACKSONVILLE, FL 32246 US		
Current Mailing Address:	New Mailing Addres	ss:
P.O. BOX 733 PONTE VEDRA BEACH, FL 32004 US		
FEI Number: 26-2857567 FEI Number Applied For() FE	I Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address	of New Registered Agent:
AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804 US		
The above named entity submits this statement for the purpoin the State of Florida.	se of changing its registere	ed office or registered agent, or both,
SIGNATURE:		
Electronic Signature of Registered Agent		Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not rece Election Campaign Financing Trust Fund Contribution().	eive the prior notice.	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: PTD () Delete	Title: PTDS	(X) Change () Addition

STAHL, PETER STAHL, PETER Name: Name: 12171 BEACH BLVD. UNIT 1725 12171 BEACH BLVD. UNIT 1725 Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 US City-St-Zip: JACKSONVILLE, FL 32246 US Title: () Delete Title: () Change () Addition PRICE, SAMANTHA Name: Name: Address: 513 EAST SURF SPRAY LN. Address: PONTE VEDRA BEACH, FL 32082 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: NASSAU, BRITTANY Name: Address: 12663 ATTRILL RD. Address:

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.

City-St-Zip:

SIGNATURE: PETER ALEXANDER DAVID STAHL **PTDS** 07/31/2009