2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28051

Entity Name: ED FRIEND, INC.

Surrent Bringing Blood of Buginess

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business.
1150 18TH STREET, NW	1001 CONNECTICUT AVENUE, N.W.
STE 225	STE 315
WASHINGTON, DC 20036	WASHINGTON, DC 20036

Current Mailing Address: New Mailing Address:

1150 18TH STREET, NW
STE 225
WASHINGTON, DC 20036

1001 CONNECTICUT AVENUE, N.W.
STE 315
WASHINGTON, DC 20036

WASHINGTON, DC 20036

FEI Number: 52-1659394 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:

FRIEND, EDWARD H 17569 BAYVIEW RD #122 BOCA RATON, FL 33434 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: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Block of Business

Title: () Delete Title: (X) Change () Addition FRIEND, EDWARD H., Name: Name: FRIEND, EDWARD H., 1150 18TH STREET #225 1001 CONNECTICUT AVE, NW, #315 Address: Address: City-St-Zip: WASHINGTON, DC 20036 City-St-Zip: WASHINGTON, DC 20036 Title: Title: () Change () Addition () Delete CROWDER, A. N Name: Name: 159 EAST AVE Address: Address: NEW CANAAN, CT 06840 City-St-Zip: City-St-Zip: () Delete Title: Title: VD () Change () Addition MCCRORY, ROBERT T Name: Name: 1532 F MCGRAW/ ST Address: Address: City-St-Zip: SEATTLE, WA 98112 City-St-Zip:

Title: S () Delete Title: () Change () Addition Name: MCGRORY, KARI F Name:

 Name:
 MCGRORY, KARI F
 Name:

 Address:
 1532 E MCGRAW ST
 Address:

 City-St-Zip:
 SEATTLE, WA 98112
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRIEND, EDWARD H. P 04/29/2006