

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000012529**

1. Entity Name

**EDISON WORKS, INC.**



Principal Place of Business

2968 RAVENSWOOD RD  
STE-107 & 108

FORT LAUDERDALE, FL 33312 US

Mailing Address

2968 RAVENSWOOD RD  
STE-107

FORT LAUDERDALE, FL 33312 US



01222008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0472348**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IRVINE, EDISON L  
2951 SW 137 TERRACE  
DAVIE, FL 33330

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	IRVINE, EDISON L
STREET ADDRESS	2968 RAVENSWOOD RD STE 107
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312

TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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02/20/08-80033-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.07.08 95 954.581.2221