

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90070 025 ***150.00

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01122006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000033282 1. Entity Name GILT EDGE, INC.					
Principal Place of Business 1343 MAIN STREET SUITE 602 SARASOTA, FL 34236 US			Mailing Address 1343 MAIN STREET SUITE 602 SARASOTA, FL 34236 US		
2. Principal Place of Business 240 S. Pineapple Ave. Suite, Apt. #, etc. Suite 400 City & State SARASOTA, FL Zip 34236 Country USA		3. Mailing Address 240 S. Pineapple Ave. Suite, Apt. #, etc. Suite 400 City & State SARASOTA, FL Zip 34236 Country USA		4. FEI Number 65-0494626 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BROWN, THOMAS 1343 MAIN STREET SUITE 602 SARASOTA, FL 34236	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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: <u>Thomas Brown, President</u> DATE: <u>1/30/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROWN, THOMAS 1343 MAIN STREET SUITE 602 SARASOTA, FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 like empowered.					
SIGNATURE: <u>Thomas Brown, President</u> DATE: <u>1/30/06</u> 265 7334 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					