

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059892

Entity Name: WINNING EDGE PRODUCTS, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

6998 N.W. US HWY. 27
STE 112
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

6998 N.W. US HWY. 27
STE 112
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 59-3259193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, EDWARD J III
7660 NW 46TH PL
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: MCNAMARA, EDWARD J III
Address: 7660 NW 46TH PL
City-St-Zip: OCALA, FL 34482

Title: DV () Delete
Name: MCNAMARA, KATHERINE N.
Address: 7660 NW 46TH PL
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: MCNAMARA, PATRICK E
Address: 7660 NW 46TH PL
City-St-Zip: OCALA, FL 34482

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: EDWARD J. MCNAMARA III

DP

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date