## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000071265

Address:

City-St-Zip:

FILED Feb 18, 2004 Secretary of State

| Entity Na                                     | me: EDGEHII   | _L/HERMI <sup>*</sup> | TAGE CORP.               |   |  |  |  |
|---|---|-----------------------|--------------------------|---|--|--|--|
| Current Principal Place of Business:          |   |                       |                          | New Prince                                  | New Principal Place of Business:             |  |  |
|   | ECHOBEE BL<br>LM BEACH, F                                     |                       | US                       |   |  |  |  |
| Current Mailing Address:                      |   |                       |                          | New Mailing Address:                        |  |  |  |
|   | ECHOBEE BL<br>LM BEACH, F                                     |                       |                          |   |  |  |  |
| FEI Number                                    | : 65-0613008  | FEI Num               | ber Applied For()        | FEI Number Not App                          | licable ( )                                  | Certificate of Status Desired ( )      |  |
| Name and Address of Current Registered Agent: |   |                       |                          | Name and                                    | Name and Address of New Registered Agent:    |  |  |
| C/O LEBO<br>50 N LAUF                         | KARL B JR<br>DEUF, LAMB, C<br>RA ST SUITE 2<br>IVILLE, FL 322 | 2800                  | MACRAE, L.L.P.<br>JS     |   |  |  |  |
| The above in the State                        | e named entity<br>e of Florida.                               | submits th            | is statement for the p   | ourpose of changing                         | its registered                               | I office or registered agent, or both, |  |
| SIGNATUI                                      | RE:   |                       |                          |   |  |  |  |
|   | Electro   | nic Signatu           | re of Registered Age     | ent   |  | Date                                   |  |
| Election Ca                                   | mpaign Financin   | g Trust Fun           | d Contribution ( ).      |   |  |  |  |
| OFFICERS AND DIRECTORS:                       |   |                       |                          | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | NEBEL, JR., R   | T PLAZA,, (           | MR.<br>C/O LEBOEUF, LAMB | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | ()Change ()Addition                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DVST (<br>CORDLE, ROE<br>214 N. TRYON<br>CHARLOTTE, I         | ST., SUITE            |                          | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | BLANCHFIELD<br>214 N. TRYON                                   | ST. SUITE             | 3800                     | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MAGOWAN, S  | RYON ST., (           | C/O UNIVERSITY VOLVO     | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | ( ) Change ( ) Addition                |  |
| Title:<br>Name:                               | (   | ) Delete              |                          | Title:<br>Name:                             | DVP<br>COTTAM, JE                            | ( ) Change (X) Addition<br>FFREY MR.   |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

5544 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33417 US

SIGNATURE: ROBERT B. CORDLE **DVST** 02/18/2004