2008 FOR PROFIT CORPORATION

Apr 30, 2008 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P96000093114** 1. Entity Name WATERWAY'S EDGE, INC. Principal Place of Business Mailing Address 245 WATERWAYS AVE POST OFFICE BOX 761 BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE INGRAM, MICHAEL M ESQ. **428 FOURTH STREET** BOCA GRANDE, FL 33921 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U0000009**34**530 05/23/08-80018-019-150.*00* 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TOTLE DENBY, PEGGY A NAME STREET ADDRESS 245 WATERWAYS AVE CITY+ST-ZIP BOCA GRANDE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

R OR DIRECTOR

Daytime Phone #

FILED