


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90321 029 ***150.00

DOCUMENT # P97000016368 1. Entity Name EDB CORP.					
Principal Place of Business 3400 NE 34TH STREET #101 FT LAUDERDALE FL 33308 US			Mailing Address 3400 NE 34TH STREET #101 FT LAUDERDALE FL 33308 US		
2. Principal Place of Business 2700 NORTH 29TH AVE. Suite, Apt. #, etc. #108			3. Mailing Address 2700 NORTH 29TH AVE. Suite, Apt. #, etc. #108		
City & State HOLLYWOOD, FL			City & State HOLLYWOOD, FL		
Zip 33020		Country USA		4. FEI Number 65-0734430	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BURSTEIN, ROBERT 3400 NE 34TH STREET #101 FT. LAUDERDALE FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2700 NORTH 29TH AVE. #108 City HOLLYWOOD FL Zip Code 33020		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PST BURSTEIN, ROBERT 3400 NE 34TH STREET #101 FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2700 NORTH 29TH AVE #108 HOLLYWOOD, FL 33020
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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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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ _____ ROBERT BURSTEIN, PRES			Date 4/11/06 (954) 929-1122 Daytime Phone #		