2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089958

Entity Name: THE EDGE WORLDWIDE, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6700 SOUTH FLORIDA AVE, SUITE 19 6700 SOUTH FLORIDA AVE LAKELAND, FL 33813

SUITE 19

LAKELAND, FL 33813

Current Mailing Address: New Mailing Address:

6700 SOUTH FLORIDA AVE, SUITE 19 6700 SOUTH FLORIDA AVE LAKELAND, FL 33813

SUITE 19 US

LAKELAND, FL 33813 US

FEI Number: 65-0793408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CESAR, LINDA CESAR, LINDA 1733 N.E. 162 STREET 6700 S. FLORIDA AVE

NORTH MIAMI BEACH, FL 33162 US SUITE 19 LAKELAND, FL 331813 US

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: 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: (X) Change () Addition

Name: CESAR, LINDA Name: CESAR, LINDA Address: Address:

1733 N.E. 162 STREET 6700 S. FLORIDA AVE, SUITE 19 City-St-Zip: NORTH MIAMI BEACH, FL 33162 US City-St-Zip: LAKELAND, FL 33813 US

Title: (X) Change () Addition Title: () Delete

CESAR, LINDA Name: CESAR, LINDA Name:

1733 N.E. 162 STREET 6700 S. FLORIDA AVE, SUITE 19 Address: Address: NORTH MIAMI BEACH, FL 33162 US LAKELAND, FL 33813 US City-St-Zip: City-St-Zip:

Title: Title: TRFA () Delete TRFA (X) Change () Addition

CESAR, LINDA CESAR, LINDA Name: Name: 6700 S. FLORIDA AVE, SUITE 19 1733 N F 162 STREET Address: Address:

City-St-Zip: NORHT MIAMI BEACH, FL 33162 City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify 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: LINDA CESAR **PRES** 04/28/2008