2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089958

Entity Name: THE EDGE WORLDWIDE, INC.

FILED Apr 28, 2009 Secretary of State

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

6700 SOUTH FLORIDA AVE 5950 IMPERIAL LAKES BLVD.

SUITE 19 SUITE 2

LAKELAND, FL 33813 MULBERRY, FL 33860

Current Mailing Address: New Mailing Address:

6700 SOUTH FLORIDA AVE 5950 IMPERIAL LAKES BLVD. SUITE 19 SUITE 2

LAKELAND, FL 33813 US MULBERRY, FL 33860 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

5950 IMPERIAL LAKES BLVD. 6700 S. FLORIDA AVE SUITE 19 SUITE 2 LAKELAND, FL 331813 US MULBERRY, FL 331860 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: LINDA CESAR 04/28/2009

> 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: PRFS (X) Change () Addition

Name: CESAR, LINDA Name: CESAR, LINDA

6700 S. FLORIDA AVE, SUITE 19 5950 IMPERIAL LAKES BLVD., SUITE 2 Address: Address:

City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: MULBERRY, FL 33860 US

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

CESAR, LINDA Name: CESAR, LINDA Name:

6700 S. FLORIDA AVE, SUITE 19 5950 IMPERIAL LAKES BLVD, SUITE 2 Address: Address:

LAKELAND, FL 33813 US MULBERRY, FL 33860 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: TRFA () Delete TRFA CESAR, LINDA Name: CESAR, LINDA Name:

6700 S. FLORIDA AVE, SUITE 19 5950 IMPERIAL LAKES BLVD., SUITE 2 Address: Address:

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: MULBERRY, FL 33860

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** 04/28/2009