

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
**EDEA AND ASSOCIATES SERVICES GROUP, INC.**



**Mailing Address**  
**P.O.BOX 876**  
**MINNEOLA, FL 34755**

**DO NOT WRITE IN THIS SPACE**



04072008 No Chq-P CR2E034 (11/05)

4. FBI Number  
65-0813390

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DE ACOSTA, EMILIO  
20403 SUGARLOAF MOUNTAIN ROAD  
CLERMONT, FL 34715

**DO NOT WRITE  
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

INDEXED 1940 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

104/2/15-90183-015 150.00

10.	OFFICERS AND DIRECTORS
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TITLE	PSTD
NAME	DE ACOSTA, EMILIO
STREET ADDRESS	20403 SUGARLOAF MOUNTAIN ROAD
CITY-ST- ZIP	CLERMONT, FL 34715

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

**SIGNATURES:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #