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2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000060589		
1. Entity Name THE STRATEGIC EDGE, INC.		
Principal Place of Business 4000 PONCE DE LEON BOULEVARD 770 CORAL GABLES, FL 33146 US		Mailing Address 4000 PONCE DE LEON 770 CORAL GABLES, FL 33146 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country

FILED
2007 DEC 21 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12/19/2007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0853162		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAY, BRIAN E 4000 PONCE DE LEON BOULEVARD 770 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name <u>May, Brian E</u> Street Address (P.O. Box Number is Not Acceptable) <u>235 Catalonia Ave</u> City <u>Coral Gables</u> FL Zip Code <u>33134</u>
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 <u>Brian E. May</u> DATE <u>12/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY, BRIAN E 4000 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700113335757 12/21/07--01009--008 **150.00
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
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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

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.

SIGNATURE: Brian E. May 12/19/07 305-444-4648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell DEC 21 2007

2 of 2

The Strategic Edge, Inc.

December 19, 2007

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

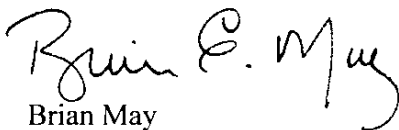
RE: Document # P98000060589

To Whom It May Concern:

Please find enclosed a corporation reinstatement form for The Strategic Edge, Inc. (Document # P98000060589). We did not receive the annual corporate filing notice and therefore did not submit in the afforded time. Also enclosed is a check for \$150 for the reinstatement fee.

Thank you for your time and attention to this matter. Should you have any questions please contact me at 305-461-4260.

Thank you,



Brian May
President

BM/bu

Encls. (2)