2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000018401

City-St-Zip:

COCOA, FL 32926

FILED Oct 13, 2005 Secretary of State

Entity Name: SCISSORS EDGE, INCORPORATED					
Current Principal Place of Business:			New Principal Place	of Business:	
3815 NORTH U.S. 1 SUITE 109 COCOA, FL 32926			3905 NORTH U.S. 1 COCOA, FL 32926		
Current Ma	ailing Address	:	New Mailing Addres	New Mailing Address:	
3815 NORT SUITE 109 COCOA, FL			3905 NORTH U.S. 1 COCOA, FL 32926		
FEI Number:	59-3560684	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
WILER, CARRIS S 3815 NORTH U.S. 1 SUITE 109 COCOA, FL 32926 US			WILER, CARRIE A 3905 NORTH U.S. 1 COCOA, FL 32926	US	
The above in the State		ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: CARRIE A WILER				10/13/2005	
Electronic Signature of Registered Agent			t	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E WILER, CARRIE 5010 RANCHWO COCOA, FL 329	OD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E JOHNS, ISAAC M 5010 RANCHWO COCOA, FL 329	OD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST () E WILER, LUANN 5010 RANCHWO	Delete OD DRIVE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: CARRIE A WILER **PRES** 10/13/2005