

FILED
Jan 17, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000072567																																										
1. Entity Name EDGEWATER MARKETING ASSOCIATES, INC.																																										
Principal Place of Business 18530 GULF BLVD, #3 INDIAN SHORES, FL 33785	Mailing Address 18530 GULF BLVD, #3 INDIAN SHORES, FL 33785	 01152008 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 77-0294805</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 77-0294805	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent ENGEL, THOMAS 18530 GULF BLVD, #3 INDIAN SHORES, FL 33785		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 _____ (NOTE: Registered Agent signature required when reinstating) <div style="display: flex; justify-content: space-between;"><div style="width: 30%;">FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</div><div style="width: 30%; padding: 5px;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 40%; text-align: right; padding: 5px;">DATE 01/18/08-80020-024 158.75</div></div>																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">PTS</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">ENGEL, THOMAS R</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">18530 GULF BLVD, #3</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">INDIAN SHORES, FL 33785</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">CFO</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">ENGEL, JANE F</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">18530 GULF BLVD, #3</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">INDIAN SHORES, FL 33785</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>			TITLE	PTS	NAME	ENGEL, THOMAS R	STREET ADDRESS	18530 GULF BLVD, #3	CITY-ST-ZIP	INDIAN SHORES, FL 33785	TITLE	CFO	NAME	ENGEL, JANE F	STREET ADDRESS	18530 GULF BLVD, #3	CITY-ST-ZIP	INDIAN SHORES, FL 33785	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.