


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S29001</b> 1. Entity Name <b>EDGE INFORMATION MANAGEMENT, INC.</b>	
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Principal Place of Business <b>100 RIALTO PLACE SUITE 800 MELBOURNE, FL 32901 US</b>	Mailing Address <b>1901 S HARBOR CITY BLVD STE #400 MELBOURNE, FL 32901 US</b>
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01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3051013</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BRACKETT, ROBERT A 2066 14TH AVENUE, # 101 VERO BEACH, FL 32960</b>
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**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 re-installing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, ROBERT L. 2066 14TH AVENUE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIOT, ROBERT R., SR. 8 RIVER RIDGE DR. ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANENBURG, DONALD T. 100 RIALTO PLACE, SUITE 800 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAFFIOT, MARK 9 RIVER RIDGE DRIVE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRACKETT, ROBERT A. 2066 14TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UNHH00408259  
02/08/06-80052-012 150.00

**DO NOT WRITE  
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.

**SIGNATURE:**  **1/26/06 (321) 632-3444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #