

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29001

FILED
Feb 27, 2009
Secretary of State

Entity Name: EDGE INFORMATION MANAGEMENT, INC.

Current Principal Place of Business:

100 RIALTO PLACE
SUITE 800
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

100 RIALTO PLACE
SUITE 800
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-3051013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKETT, ROBERT A
2066 14TH AVE.
SUITE 101
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANGFORD, JOSEPH,
Address: 100 RIALTO PLACE, SUITE 800
City-St-Zip: MELBOURNE, FL 32901

Title: SD () Delete
Name: CHAFFIOT, MARK
Address: 9 RIVER RIDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: BRACKETT, ROBERT A.
Address: 2066 14TH AVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CHAFFIOT, MARK
Address: 1802 S. FISKE BLVD., SUITE 101
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD (X) Change () Addition
Name: BRACKETT, ROBERT A.
Address: 2066 14TH AVE, SUITE 101
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ROBERT A. BRACKETT

TD

02/27/2009

Electronic Signature of Signing Officer or Director

Date