


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S84240		
1. Entity Name OFFSHORE EDGE PRODUCTS, INC.		

Principal Place of Business 1210 GATEWAY DRIVE - SUITE 17 WEST PALM BEACH FL 33404	Mailing Address POST OFFICE BOX 14855 NORTH PALM BEACH FL 33408
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2. Principal Place of Business 1210 GATEWAY DRIVE Suite, Apt. #, etc. # 17	3. Mailing Address P.O. BOX 14855 Suite, Apt. #, etc.
City & State West Palm Beach	City & State N. P. B. FL
Zip 33404	Country USA
Zip 33408	Country USA

FILED

05 SEP 16 50060924

SECRETARY OF STATE



2nd MOORE CR2E034 (5/05)

6. Name and Address of Current Registered Agent SALAZAR, SCOTT M 14326 ARDEL DR PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name SCOTT M SALAZAR SCOTT M SALAZAR Street Address (P.O. Box Number is Not Acceptable) 14326 ARDEL DR. P.B.G. FL City FL Zip Code 33410	
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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: SCOTT M SALAZAR President Scott Salazar 9/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAZAR, SCOTT M 14326 ARDEL DR PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT M SALAZAR <input type="checkbox"/> Change <input type="checkbox"/> Addition 200059793542 09/20/05--01058--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SALAZAR, DOLORES 14326 ARDEL DRIVE PALM BEACH GARDENS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOLORES SALAZAR <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, MAURO G 14326 ARDEL DR PALM BCH GARDENS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAURO G SALAZAR <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
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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Scott Salazar SCOTT M SALAZAR 9/1/05 (561) 632-5292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #