

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002031

Entity Name: E D I EXPRESS, INC.

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

20280 SOUTH VERMONT AVE SUITE 110
TORRANCE, CA 90502

New Principal Place of Business:

Current Mailing Address:

20280 SOUTH VERMONT AVE SUITE 110
TORRANCE, CA 90502

New Mailing Address:

FEI Number: 95-4473186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, EDWARD II
3115 DRANE FIELD DOOR 12-17
LAKELAND, FL 33811 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: C () Delete
Name: HERFT, TERRENCE
Address: 2925 CREST ROAD
City-St-Zip: RANCHO PALOS VERDES, CA 90275

Title: P () Delete
Name: TORRUELLA, LUIS J
Address: 11650 MOON RIDGE DRIVE
City-St-Zip: WHITTIER, CA 90601

Title: VPS () Delete
Name: KELLEHER, GERALD G
Address: 4238 RIVERTON AVE
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: T () Delete
Name: TULLEY, SAMANTHA
Address: 6269 VIA CANADA
City-St-Zip: RANCHO P.V., CA 90275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SAMANTHA TULLEY

OFFI

03/18/2008

Electronic Signature of Signing Officer or Director

_____ Date