2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072140

Entity Name: 14 EDGE INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4779 SABLE PINE CIRCLE

WEST PALM BEACH, FL 33417

Current Mailing Address: New Mailing Address:

320 WRIGHT ST, UNIT 102 LAKEWOOD, CO 80228

FEI Number: 20-4256308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, JOSHUA B SMITH, JOSHUA B

4779 SABLE PINE CIRCLE A1
WEST BALM BEACH EL 33417 LIS WEST BALM BEACH EL 33417

WEST PALM BEACH, FL 33417 US WEST PALM BEACH, FL 33417 US

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: JOSHUA B. SMITH 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO () Delete Title: PCEO (X) Change () Addition

 Name:
 SMITH, JOSHUA B
 Name:
 SMITH, JOSHUA B

 Address:
 4779 SABLE PINE CIRCLE A1
 Address:
 320 WRIGHT STREET, #102

 City-St-Zip:
 WEST PALM BEACH, FL 33417
 City-St-Zip:
 LAKEWOOD, CO 80228

Title: VPS () Delete Title: VPS (X) Change () Addition

Name: SMITH, ERICA M Name: SMITH, ERICA M

Address: 4779 SABLE PINE CIRCLE A1 Address: 320 WRIGHT STREET, #102 City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: LAKEWOOD, CO 80228

Title: CFO () Delete Title: CFO (X) Change () Addition

 Name:
 SMITH, JOSHUA B
 Name:
 SMITH, JOSHUA B

 Address:
 4779 SABLE PINE CIRCLE A1
 Address:
 320 WRIGHT STREET, #102

 City-St-Zip:
 WEST PALM BEACH, FL 33417
 City-St-Zip:
 LAKEWOOD, CO 80228

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: JOSHUA B. SMITH PCEO 04/30/2008