

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072140

Entity Name: I4 EDGE INC.

FILED  
Apr 28, 2010  
Secretary of State

**Current Principal Place of Business:**

4779 SABLE PINE CIRCLE  
A1  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

4900 OMAR STREET  
FREMONT, CA 94538

**New Mailing Address:**

4779 SABLE PINE CIRCLE  
A1  
WEST PALM BEACH, FL 33417

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

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

SMITH, JEREMY B  
4849 SABLE PINE CIRCLE A1  
WEST PALM BEACH, FL 33417      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: PCEO  
Name: SMITH, JOSHUA B  
Address: 4779 SABLE PINE CIRCLE, A1  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPS  
Name: SMITH, ERICA M  
Address: 4779 SABLE PINE CIRCLE, A1  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: CFO  
Name: SMITH, JOSHUA B  
Address: 4779 SABLE PINE CIRCLE, A1  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: ERICA SMITH

VPS

04/28/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date