

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 659171

Entity Name: BULLET LINE, INC.

FILED
Mar 04, 2005
Secretary of State

Current Principal Place of Business:

15959 NW 15TH AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

15959 NW 15TH AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 59-1980386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENFELD, WILLIAM
15959 NW 15TH AVE
MIAMI, FL 33169 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: VASD () Delete
Name: FARR, NEAL E
Address: 11100 SW 64 AVE
City-St-Zip: PINECREST, FL 33156

Title: PD () Delete
Name: ROSENFELD, WILLIAM,
Address: 15959 N.W. 15 AVE.
City-St-Zip: MIAMI, FL 33169

Title: DS () Delete
Name: KRAMER, KANDY
Address: 10667 QUAYBRIDGE CT
City-St-Zip: MIAMI, FL 33138

Title: DCEO () Delete
Name: KRAMER, JEFFREY A
Address: 10664 QUAYBRIDGE CT
City-St-Zip: MIAMI, FL 33138

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 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 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: NEAL E. FARR

Electronic Signature of Signing Officer or Director

VASD

03/04/2005

_____ Date