## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 659171** 

Entity Name: BULLET LINE, INC.

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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15959 NW 15TH AVENUE MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

15959 NW 15TH AVENUE MIAMI, FL 33169

FEI Number: 59-1980386 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ROSENFELD, WILLIAM 15959 NW 15TH AVE MIAMI, FL 33169 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: FARR, NEAL E Name: FARR, NEAL E

 Address:
 11100 SW 64 AVE
 Address:
 1623 MICANOPY AVENUE

 City-St-Zip:
 PINECREST, FL 33156
 City-St-Zip:
 COCONUT GROVE, FL 33133

Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: ROSENFELD. WILLIAM, Name:

 Name:
 ROSENFELD, WILLIAM,
 Name:

 Address:
 15959 N.W. 15 AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:

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

 Name:
 KRAMER, KANDY
 Name:
 KRAMER, KANDY

 Address:
 10667 QUAYBRIDGE CT
 Address:
 1801 W 27TH STREET

 City-St-Zip:
 MIAMI, FL 33138
 City-St-Zip:
 MIAMI BEACH, FL 33140

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

 Name:
 KRAMER, JEFFREY A
 Name:
 KRAMER, JEFFREY A

 Address:
 10664 QUAYBRIDGE CT
 Address:
 1801 W 27TH STREET

 City-St-Zip:
 MIAMI, FL 33138
 City-St-Zip:
 MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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: NEAL E FARR VASD 04/12/2006