

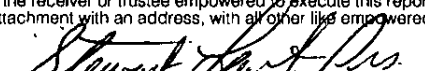


FILED
Jan 31, 2008 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P02000035198 1. Entity Name SIGHT'S MY LINE, INC.</div><div style="text-align: center;"></div></div>		<div>Jan 31, 2008 08:00 Secretary of State</div>												
<div style="flex: 1; padding: 5px;">Principal Place of Business 5420 N.W. 86TH TERR CORAL SPRINGS, FL 33067</div> <div style="flex: 1; padding: 5px;">Mailing Address 5420 N.W. 86TH TERR CORAL SPRINGS, FL 33067</div>														
DO NOT WRITE IN THIS SPACE		<div> 01082008 No Chg-P CR2E034 (11/05)</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%; padding: 2px;">4. FEI Number 74-3038974</td><td style="width:20%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 74-3038974	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required														
<div style="flex: 1; padding: 5px;">6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</div> <div style="flex: 1; text-align: center; height: 100px; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div>														
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>														
<div style="flex: 1; padding: 5px;">FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</div> <div style="flex: 1; padding: 5px;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div> <div style="flex: 1; border: 1px solid black; text-align: center; padding: 10px;">UN00000202584 02/06/08-80048-013 150.00</div>														
10. OFFICERS AND DIRECTORS														
<table border="1" style="width:50%; border-collapse: collapse;"><tr><td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">P LANTZ, STEWART 5420 NW 86TH TERRACE CORAL SPRINGS, FL 33067</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table> <div style="flex: 1; text-align: center; height: 100px; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANTZ, STEWART 5420 NW 86TH TERRACE CORAL SPRINGS, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.														
<div style="flex: 1; padding: 5px;">SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div> <div style="flex: 1; text-align: center; padding: 5px;">1/10/08 Date</div> <div style="flex: 1; text-align: center; padding: 5px;">(956) 618 0866 Daytime Phone #</div>														