


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90001 041 \*\*\*150.00

<b>DOCUMENT # F02000005001</b>		
1. Entity Name FRONTLINE HOLDINGS, INC.		

Principal Place of Business 1301 CAPITAL OF TEXAS HWY, STE. 200 B AUSTIN, TX 78746	Mailing Address 1301 CAPITAL OF TEXAS HWY, STE. 200 B AUSTIN, TX 78746
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02272006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0488940	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUMMEL, BRAD			NAME	Jonathan Sherr		
STREET ADDRESS	1301 CAPITAL OF TX HWY, STE 200B			STREET ADDRESS	1301 Capital of TX Hwy Ste 200B		
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP	Austin, TX 78746		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARNIDGE, JOHN			NAME	Pat Moriarty		
STREET ADDRESS	1301 CAPITAL OF TX HWY, STE 200B			STREET ADDRESS	1301 Capital of TX Hwy Ste 200B		
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP	Austin, TX 78746		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITTENBURG, JAMES			NAME			
STREET ADDRESS	1301 CAPITAL OF TX HWY, STE 200B			STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOHMANN, NANETTE			NAME			
STREET ADDRESS	1301 CAPITAL OF TX HWY, STE 200B			STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, JAMES			NAME			
STREET ADDRESS	1301 CAPITAL OF TX HWY, STE 200B			STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX 78746			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: 	2-27-06	512-358-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #