

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000805

Entity Name: LINE SYSTEMS, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

17 CAMPUS BLVD  
SUITE 100  
NEWTWON SQUARE, PA 19073

## New Principal Place of Business:

## Current Mailing Address:

17 CAMPUS BLVD  
SUITE 100  
NEWTWON SQUARE, PA 19073

## New Mailing Address:

17 CAMPUS BLVD  
SUITE 100  
NEWTWON SQUARE, PA 19073

FEI Number: 23-3029302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 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: PC ( ) Delete  
Name: FIREMAN, RAYMOND  
Address: 17 CAMPUS BLVD, SUITE 100  
City-St-Zip: NEWTWON SQUARE, PA 19073

Title: STVC ( ) Delete  
Name: FIREMAN, BARRY  
Address: 17 CAMPUS BLVD, SUITE 100  
City-St-Zip: NEWTWON SQUARE, PA 10973

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO ( ) Change (X) Addition  
Name: KEVIN, MC GEARY  
Address: 17 CAMPUS BLVD, SUITE 100  
City-St-Zip: NEWTWON SQUARE, PA 19073

Title: CEO ( ) Change (X) Addition  
Name: MIKE, MILLER  
Address: 17 CAMPUS BLVD, SUITE 100  
City-St-Zip: NEWTWON SQUARE, PA 19073

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: JOHN WEST

CONT

04/27/2005

Electronic Signature of Signing Officer or Director

Date