

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000805

FILED
Jul 05, 2006
Secretary of State

Entity Name: LINE SYSTEMS, INC.

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:

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

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

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 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: JOHN J WEST

_____ Electronic Signature of Signing Officer or Director

CONT

07/05/2006

_____ Date