



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90116 008 \*\*\*150.00

<b>DOCUMENT # F03000005383</b> 1. Entity Name <b>BROADLINE COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>2301 LUCIEN WAY MAITLAND, FL 32751</b>			Mailing Address <b>2301 LUCIEN WAY MAITLAND, FL 32751</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02082006    Chg-P    CR2E034 (11/05)	
Zip		Country		4. FEI Number <b>20-0333492</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>F&amp;L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GALLAGHER, MICHAEL P</b> <b>2301 LUCIEN WAY</b> <b>MAITLAND, FL 32751</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BOEREMA, DON</b> <b>2301 LUCIEN WAY</b> <b>MAITLAND, FL 32751</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>LEWIS, RAND</b> <b>1428 15th Street</b> <b>DENVER CO 80202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BLOCHA, MICHAEL</b> <b>390 ORANGE AVE.</b> <b>MAITLAND, FL 32751</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>MATT</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MEISTER, KEN</b> <b>2301 LUCIEN WAY</b> <b>MAITLAND, FL 32751</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SIEGEL JOHN</b> <b>201 N. UNION ST., SUITE 300</b> <b>ALEXANDRIA VA 22134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CLAUDY, PETER H.</b> <b>75 STATE STREET, Ste 2500</b> <b>BOSTON MA 02109</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SAVIGNOL, ROB</b> <b>75 State St Suite 2500</b> <b>BOSTON MA 02109</b>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/27/06</b> Daytime Phone # _____		