
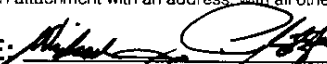


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90148 007 ***150.00

DOCUMENT # F04000001674					
1. Entity Name WHITELINE EXPRESS, LTD., INC.					
Principal Place of Business 41605 ANN ARBOR RD. P.O. BOX 2500 C PLYMOUTH, MI 48170			Mailing Address 41605 ANN ARBOR RD. P.O. BOX 2500 C PLYMOUTH, MI 48170		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 38-2437748	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	CP	<input type="checkbox"/> Delete			
NAME	YOUNG, WILLIAM C				
STREET ADDRESS	41605 ANN ARBOR RD.				
CITY-ST-ZIP	PLYMOUTH, MI 48170				
TITLE	D	<input type="checkbox"/> Delete			
NAME	SHELLENBERG, THOMAS L				
STREET ADDRESS	255 EAST BROWN ST, STE 125				
CITY-ST-ZIP	BIRMINGHAM, MI 48009				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	SCHLAGETER, WILLIAM				
STREET ADDRESS	41605 ANN ARBOR RD				
CITY-ST-ZIP	PLYMOUTH, MI 48170				
TITLE	S	<input type="checkbox"/> Delete			
NAME	UNDERHILL, LEANN M				
STREET ADDRESS	41605 ANN ARBOR RD.				
CITY-ST-ZIP	PLYMOUTH, MI 48170				
TITLE	A1	<input type="checkbox"/> Delete			
NAME	PLOTZKE, MICHAEL J				
STREET ADDRESS	41605 ANN ARBOR RD.				
CITY-ST-ZIP	PLYMOUTH, MI 48170				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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:  MICHAEL J. PLOTZKE 04/11/06 (734) 455-3600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President and Treasurer					

40060103



03102006 Chg-P CR2E034 (11/05)