

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F04000001674

1. Entity Name  
WHITELINE EXPRESS, LTD., INC.



Principal Place of Business  
41605 ANN ARBOR RD.  
P.O. BOX 2500 C  
PLYMOTH, MI 48170

Mailing Address  
41605 ANN ARBOR RD.  
P.O. BOX 2500 C  
PLYMOTH, MI 48170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102006 Chg-P CR2E034 (11/05)

4. FEI Number  
38-2437748

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP  
NAME YOUNG, WILLIAM C  
STREET ADDRESS 41605 ANN ARBOR RD.  
CITY-ST-ZIP PLYMOUTH, MI 48170

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D  
NAME SCHELLENBERG, THOMAS L  
STREET ADDRESS 255 EAST BROWN ST, STE 125  
CITY-ST-ZIP BIRMINGHAM, MI 48009

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D  
NAME SCHLAGETER, WILLIAM  
STREET ADDRESS 41605 ANN ARBOR RD.  
CITY-ST-ZIP PLYMOUTH, MI 48170

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE S  
NAME UNDERHILL, LEANN M  
STREET ADDRESS 41605 ANN ARBOR RD.  
CITY-ST-ZIP PLYMOUTH, MI 48170

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE A1  
NAME PLOTZKE, MICHAEL J  
STREET ADDRESS 41605 ANN ARBOR RD.  
CITY-ST-ZIP PLYMOUTH, MI 48170

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Plotzke  
Vice President and Treasurer

04/11/06

(731) 455-3600

Date

Daytime Phone #