2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000396

Entity Name: CITELINE, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
170 W ELECTION RD SUITE 201 DRAPER, UT 84020				101 ARTHUR ANDERSEN PKWY, STE 100 SARASOTA, FL 34232			
Current Mailing Address:				New Mailing Address:			
170 W ELECTION RD SUITE 201 DRAPER, UT 84020				101 ARTHUR ANDERSEN PKWY, STE 100 SARASOTA, FL 34232			
FEI Number:	94-3381016	FEI Number Applied For()	FEI Nur	nber Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
1201 HAYS TALLAHAS	SSTREET SSEE, FL 323		NUTROCO O	f changing i	its registered	office or registered agent, or both	
in the State		submits this statement for the p	ourpose o	i changing i	is registered	office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent			Date	
Election Can	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D (RUSSELL, MA 270 MADISON NEW YORK, N	IAVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ETTER, THOM	REET 32ND FL		Title: Name: Address: City-St-Zip:	ETTER, THOM	REET 32ND FL	
Title: Name: Address: City-St-Zip:	CEO (LIEBERMAN, 2 39 DUDLEY R WILTON, CT	D		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	P (SIKORA, PETI 529 HAYES L/ PETALUMA, C	ANE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROBERTS, LÌI	TREET EC2A 4LQ		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	ROGERS, SC	TON RD, STE 201		Title: Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT ROGERS VP 04/20/2009