2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001621

Entity Name: NITELINES USA, INCORPORATED

FILED Jan 04, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

950 SCALES RD BLDG. 200 STE 203 950 SCALES RD BLDG. 200 SUWANNEE, GA 30024

STE. 203

SUWANNEE, GA 30024

Current Mailing Address: New Mailing Address:

950 SCALES RD BLDG. 200 STE 203 950 SCALES RD BLDG. 200 SUWANNEE, GA 30024

STE. 203

SUWANNEE, GA 30024 US

FEI Number: 59-3246289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIGBY, ROSE 156 CÁPITAL CIRCLE SE SUITE C3 TALLAHASSEE, FL 32301 US

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

OFFICERS AND DIRECTORS:

Title: CHRM

Name: MCGLOCKTON, HL

950 SCALES RD BLDG. 200 STE 203 Address:

City-St-Zip: SUWANNEE, GA 30024 US

Title: **VCHR**

Name: MCGLOCKTON, HL

950 SCALES RD BLDG. 200 STE 203 Address:

SUWANNEE, GA 30024 US City-St-Zip:

PVST Title:

MCGLOCKTON, HL Name:

950 SCALES RD BLDG, 200 STE 203 Address:

City-St-Zip: SUWANNEE, GA 30024 US

Title: FSO

COTA, CHRIS Name:

Address: 950 SCALES RD. NW STE 203 City-St-Zip: SUWANEE, GA 30024

I hereby 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 all other like empowered.

SIGNATURE: HL MCGLOCKTON III CHRM 01/04/2012