


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90174 039 ***150.00


DOCUMENT # F91902
 1. Entity Name
CASUAL LINE CORP.



Principal Place of Business 1065 E STORY RD. WINTER GARDEN, FL 34787	Mailing Address 1065 E STORY RD. WINTER GARDEN, FL 34787
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DO NOT WRITE IN THIS SPACE

40010000



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2219394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGNUSON, JAMES A
 9844 LAUREL DRIVE
 WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROFOOT, FRANCES 8823 BAY HILL BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROFOOT, KROY 9903 GIFFEN CT. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAGNUSON, JAMES A. 9844 LAUREL DRIVE WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

_____ Date _____ Daytime Phone # _____