## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 31, 2006 08:00 AM **DOCUMENT # F94000004595 Secretary of State** POWERLINE PRODUCTS, INC. Principal Place of Business Mailing Address 948 #5 READY AVE. P.O. BOX 340 FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32549 01192008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3213884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALDERTON, THOMAS J DO NOT WRITE 424 PELHAM RD FT WALTON BCH, FL 32548 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 Signature, typed or printed name of registered agent and life if applicable (NOTE fregistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITTLE CPST ALDERTON, THOMAS J NAME STREET ADDRESS 424 PELHAM ROAD FORT WALTON BEACH, FL 32548 CITY-ST-ZIP 000000411433 02/10/06-80007-001 150.00 TITLE NAME STREET AUDRESS CRY-ST-ZIP IIILE NAME STREET AUDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE

12. I hereby certify that the information supplied with this filling 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 it made under call; 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, unit all other like epigowered.

SIGNATURE:

MARAE STREET ADDRESS CITY-ST-ZIP me

STREET ADDRESS ENTY-ST-ZTP

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