## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G78025					
1. Entity Nar A-LINE II	ne NVESTMENT CORP.				
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	1	
704 XANADI		704 XANADU PL			
JUPITER, FL	33477	JUPITER, FL 33477		}	
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	O NOT WRITE	IN THIS SDA	CE.	03302007 No Chg-P CR	2E034 (11/05)
	O MOI WAKITE	IN I HIS SPA		4. FEI Number	Applied For
	(1) 12 · 12 · 13 · 14 · 14 · 14 · 14 · 14 · 14 · 14			13-2690223	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent			
BERK, JACK M				DO NOT WE	
704 XANADU PLACE			· .,	DO NOT WRI	I E
JUPITER,	FL 33477			IN THIS SPAC	` <b>=</b>
				IN THIS SPAC	<b>/</b> L
8. The above the obligat	named entity submits this statement for the tions of registered agent.	he purpose of changing its registere	ed office or register	ed agent, or both, in the State of Florida. I	am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	i title if applicable. (NOTE: Registere	d Agent signature required	when reinstating)	ΤΕ
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		00 May Be ad to Fees	
10.	OFFICERS AND DI	RECTORS	l		
TITLE NAME	DP BERK, JACK M				
STREET ADDRESS	704 XANADU PLACE				
CITY-ST-ZIP	JUPITER, FL 33477				
TITLE	s				
NAME	BERK, CHRISTINE J				
STREET ADDRESS CITY-ST-ZIP	704 XANADU PLACE			U0000069	1840 026-024 158.75
	JUPITER, FL 33477			04/13/07-80	026-024 158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the con	eatify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	ered to execute this report as requir	mptions contained are shall have the s ed by Chapter 607,		certify that the information it I am an officer or director
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the con	or on an attachment with an address, with	ered to execute this report as requir	ed by Chapter 607, erk	in Chapter 119, Florida Statutes, I further ame legal effect as if made under oath; the	certify that the information at I am an officer or director is in Block 10 or Block 11 if