


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90103 038 ***150.00

DOCUMENT # H89270 1. Entity Name MAINLINE INFORMATION SYSTEMS, INC.					
Principal Place of Business 1700 SUMMIT LAKE DR. TALLAHASSEE, FL 32317 US			Mailing Address 1700 SUMMIT LAKE DR. TALLAHASSEE, FL 32317 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04132006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2960721				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, FRED F JR 101 E. COLLEGE AVE. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEARNEY, RICHARD S 2845 CERCY TRACE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas E. Simmonson; EVP 1700 Summit Lake Drive Tallahassee, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, BERNADETTE 2845 CERCY TRACE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO and S S. Scott Moyer 1700 Summit Lake Drive Tallahassee, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUFF, GARY E 1700 SUMMIT LAKE DR TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP Richard S. Kearney 6949 Mc Bride Point Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCA, ROGER S 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bernadette Kearney 6949 Mc Bride Point Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BURKE, WILLIAM 1402 DENHOLM DRIVE TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORDHAM, JIMMY D 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Richard S. Kearney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-19-06 <small>Date</small>	
				850-219-5221 <small>Daytime Phone #</small>	