2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 16, 2007
Secretary of State

DOCUMENT# L04000083848

Entity Name: POWER LINES WHOLESALE LLC

Current Principal Place of Business:

601 N CONGRESS AVE
SUITE 502
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

601 N CONGRESS AVE
SUITE 502
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 51-0529191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWER LINES ENTERPRISES, INC.
601 N CONGRESS AVE
SUITE 502
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POWER LINES ENTERPRI, SES, INC.
Address: 601 N CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete
Name: AMERICAN WHOLESALE L, LC
Address: 47 ALLEN BLVD
City-St-Zip: E FARMINGDALE, NY 11735

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CUTHRED, INC,
Address: 211 ROANOKE AVE.
City-St-Zip: RIVERHEAD, NY 11901

Title: MGRM (X) Change ( ) Addition
Name: ONE ROUTE 340 CORPOR, ATION
Address: 47 ALLEN BOULEVARD
City-St-Zip: E FARMINGDALE, NY 11735

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MONICA GHERSI PSD 05/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date