


First Name Correction

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91224 025 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # L13422</b><br>1. Entity Name<br><b>MORLINE, INC.</b> |  |
|--|---|

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| Principal Place of Business<br><b>2615 NORTH 22ND STREET<br/>TAMPA, FL 33605</b> | Mailing Address<br><b>P.O. BOX 17481<br/>TAMPA, FL 33682</b> |
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**DO NOT WRITE IN THIS SPACE**

04292004 No Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2973354</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
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|---|
| 6. Name and Address of Current Registered Agent<br><br><b>HARILAL, GAINDIAH<br/>15624 BEAR CREEK DR<br/>TAMPA, FL 33624</b> |
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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 title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br><b>HARILAL, GAINDIAH</b><br><b>15624 BEARCREEK DR</b><br><b>TAMPA, FL 33624</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

|   |  |                                       |
|---|--|---------------------------------------|
| <b>SIGNATURE:</b> <i>Harilal Gaindhiah</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <i>President</i><br><small>Daytime Phone #</small> | <i>4/29/04</i><br><small>Date</small> |
|---|--|---------------------------------------|