

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63470

FILED
Mar 21, 2005
Secretary of State

Entity Name: MAXALINE ENTERPRISES, INC.

Current Principal Place of Business:

5250 TOWN CENTER CIRCLE
SUITE 119
BOCA RATON, FL 334861067

New Principal Place of Business:

Current Mailing Address:

5250 TOWN CENTER CIRCLE
SUITE 119
BOCA RATON, FL 334861067

New Mailing Address:

FEI Number: 65-0257298 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOLOMON, ALLAN B
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NIDDAM, ALINE,
Address: 5250 TOWN CTR CIR #119
City-St-Zip: BOCA RATON, FL 33486

Title: DVP () Delete
Name: NIDDAM, MAX,
Address: 5250 TOWN CTR CIR #119
City-St-Zip: BOCA RATON, FL 33486

Title: S () Delete
Name: SOLOMON, ALLAN B
Address: 777 GLADES RD
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALINE NIDDAM

DP

03/21/2005

Electronic Signature of Signing Officer or Director

_____ Date