

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L63470

**FILED  
Apr 14, 2009  
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 exemption stated 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 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

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date