## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M88059

Entity Name: ACCURATE LINES, INC.

FILED Jan 25, 2005 Secretary of State

| Current Principal Place of Business:          |  |                                | New Principal Plac                          | New Principal Place of Business:             |  |
|---|--|--------------------------------|---|--|--|
|   | SON STREET<br>I, FL 34698                        |                                |   |  |  |
| Current Mailing Address:                      |  |                                | New Mailing Address:                        |  |  |
| 1221 NEL:<br>DUNEDIN                          | SON STREET<br>I, FL 34698                        |                                |   |  |  |
| FEI Number                                    | r: 59-2899330                                    | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                | Name and Address of New Registered Agent:   |  |  |
| 1221 NÉL                                      | STEPHEN M<br>SON STREET<br>I, FL 34698           | US                             |   |  |  |
|   | e named entity<br>e of Florida.                  | submits this statement for the | purpose of changing its registe             | red office or registered agent, or both,     |  |
| SIGNATU                                       | RE:  |                                |   |  |  |
|   | Electro  | nic Signature of Registered Ag | ent   | Date   |  |
| Election Ca                                   | mpaign Financir                                  | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                | ADDITIONS/CHAN                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | S (<br>BANKS, DONN<br>1221 NELSON<br>DUNEDIN, FL | STREET                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | O (<br>BANKS, TYLE<br>1315 WISCON<br>PALM HARBO  | SIN AVE.                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | O (<br>BANKS, BRYA<br>1315 WISCON<br>PALM HARBO  | SIN AVE.                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

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: STEPHEN M BANKS PRES 01/25/2005