

2008 FOR PROFIT CORPORATION ANNUAL REPORT


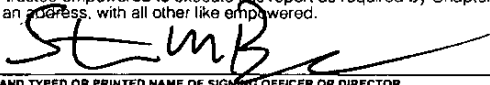
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Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 043 ***150.00

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01282008 Chg-P CR2E034 (12/06)

DOCUMENT # M88059 1. Entity Name ACCURATE LINES, INC.			
Principal Place of Business 1221 NELSON STREET DUNEDIN, FL 34698		Mailing Address 1221 NELSON STREET DUNEDIN, FL 34698	
2. Principal Place of Business - No P.O. Box # 1315 Wisconsin Ave Suite, Apt. #, etc.		3. Mailing Address 1315 Wisconsin Ave Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
4. FEI Number 59-2899330		Applied For <input type="checkbox"/> Not Applicable	
Zip 34683		Country Pinellas	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANKS, STEPHEN M 1221 NELSON STREET DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1315 Wisconsin Ave City Palm Harbor FL Zip Code 34683	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANKS, DONNA L 1221 NELSON STREET DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BANKS, TYLER S 1315 WISCONSIN AVE. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BANKS, BRYAN D 1315 WISCONSIN AVE. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BANKS, STEPHEN M 1221 NELSON ST DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: 		Date: 1-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	