2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# N02000000561

Entity Name: FRONTLINE INTERNATIONAL, INC.

Current Principal Place of Business:

110 PROPHETS PKWY.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

110 PROPHETS PARKWAY
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 06-1691060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACKIE, WILLIAM T
110 PROPHETS PKWY.
SANTA ROSA BEACH, FL 32459 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LACKIE, WILLIAM T	
Address:	110 PROPHETS PKWY	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	VP	( ) Delete
Name:	LACKIE, LARUE B	
Address:	110 PROPHETS PKWY	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	T	( ) Delete
Name:	MARKS, GINNY	
Address:	110 PROPHETS PKWY	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	S	( ) Delete
Name:	SCHOFIELD, ALICIA	
Address:	110 PROPHETS PKWY	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	RUSSELL, VANCE	
Address:	110 PROPHETS PKWY	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	SMITH, MIKE	
Address:	110 PROPHETS PKWY	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	

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:	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA SCHOFIELD S 02/01/2007

Electronic Signature of Signing Officer or Director — Date