2008 FOR PROFIT CORPORATION

Feb 07, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P00000060822 02-07-2008 90013 028 ***150.00 COUNTY LINE CARRIERS CORP. Principal Place of Business Mailing Address 805 LINWOOD TERRACE 815 LINWOOD TERRACE LUTZ, FL 33549 LUTZ, FL 33549 2. Principal Place of Business, - No P.O. Box # 3. Mailing Address 805 LIN WOOD Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-P- - CR2E034 (12/06) - --City & State Lu +z FL City & State 4. FEI Number Applied For R 59-3657959 Not Applicable Zip 33549 Zip Country \$8.75 Additional H-16 burg h 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACCARELLA, DOMINIC Street Address (P.O. Box Number is Not Acceptable) 4144 N. ARMENIA AVE #300 **TAMPA, FL 33607** City Zin Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE LINFERNAL, EDUARDO B NAME NAME 815 LINWOOD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP ■ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change -- [Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TATLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 it 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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

B Linfernal Resident Equado SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-414-0093

FILED