

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000091822

FILED
Nov 07, 2007
Secretary of State**Entity Name:** TRENCHLINE INC.**Current Principal Place of Business:**214 N. GOLDENROD ROAD
SUITE A5
ORLANDO, FL 328078220 US**New Principal Place of Business:**10380 JUSTUS DRIVE
ORLANDO, FL 32817 US**Current Mailing Address:**214 N. GOLDENROD ROAD
SUITE A5
ORLANDO, FL 328078220 US**New Mailing Address:**10380 JUSTUS DRIVE
ORLANDO, FL 32817 US**FEI Number:** 59-3674402**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RYAN, TAMMY L
10380 JUSTUS DR.
ORLANDO, FL 32817 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:** PT () Delete
Name: RYAN, TAMMY L
Address: 10380 JUSTUS DR.
City-St-Zip: ORLANDO, FL 32817**Title:** VP (X) Delete
Name: DUKES, DENISE E
Address: 214 N. GOLDENROAD ROAD, SUITE A5
City-St-Zip: ORLANDO, FL 328078220 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: TAMMY L. RYAN

PT

11/07/2007

Electronic Signature of Signing Officer or Director_____
Date