2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# P01000032981

Entity Name: CODELINE CONSULTING, INC.

Current Principal Place of Business:

2900 GLADES CIRCLE
STE 350
WESTON, FL 33327

New Principal Place of Business:

15970 W STATE RD 84
STE 350
SUNRISE, FL 33326

Current Mailing Address:

P.O. BOX 266222
WESTON, FL 33326

New Mailing Address:

FEI Number: 59-3720023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORCHILLES, JORGE L
2900 GLADES CIRCLE
STE 350
WESTON, FL 33327 US

Name and Address of New Registered Agent:

ORCHILLES, JORGE L
15970 W STATE RD 84
STE 350
SUNRISE, FL 33326 US

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: 02/07/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: ORCHILLES, JORGE L
Address: 2900 GLADES CIRCLE STE 350
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: ORCHILLES, JORGE L
Address: 15970 W STATE RD 84, STE 350
City-St-Zip: SUNRISE, FL 33326

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: JORGE L ORCHILLES P 02/07/2008
Electronic Signature of Signing Officer or Director — Date