2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039861

FILED Apr 29, 2008 Secretary of State

Entity Name: NULINE BUILDING SYSTEMS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
731 COMMERCE DR. UNIT B VENICE, FL 34292	3078 N. BISCAYNE DR. NORTH PORT, FL 34291
Current Mailing Address:	New Mailing Address:
P. O. BOX 7325 NORTH PORT, FL 34287	P. O. BOX 7325 NORTH PORT, FL 34290
FEI Number: 65-1110706 FEI Number Applied For () FEI N	Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
DOERRFELD, JOSHUA D 2605 PAN AMERICAN BLVD. N. PORT, FL 34287 US	
The above named entity submits this statement for the purpose in the State of Florida.	e of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PD ()Delete	Title: PD (X) Change () Addition

Title:

Name:

Address:

City-St-Zip:

Name: DOERRFELD, ROBERT J Name: DOERRFELD, ROBERT J 3078 N. BISCAYNE DR. 3078 N. BISCAYNE DR. Address: Address: City-St-Zip: N. PORT, FL 34286 City-St-Zip: N. PORT, FL 34291 Title: () Delete Title: SD (X) Change () Addition DOERRFELD, DONA DOERRFELD, DONA Name: Name: Address: 3078 N. BISCAYNE DR. Address: 3078 N. BISCAYNE DR NORTH PORT, FL 34286 NORTH PORT, FL 34291 City-St-Zip: City-St-Zip:

Title: () Delete () Change () Addition

DOERRFELD, JOSHUA D Name: 2605 PAN AMERICAN BLVD. Address: NORTH PORT, FL 34287 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: ROBERT J. DOERRFELD PD 04/29/2008