


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90413 034 \*\*\*150.00

<b>DOCUMENT # P01000074459</b> 1. Entity Name <b>A LINE LOGISTICS, INC.</b>																													
Principal Place of Business <b>6810 EL CAMINO PALOMA AVENUE PORT RICHEY, FL 34668</b>			Mailing Address <b>P.O. BOX 1072 PORT RICHEY, FL 34673</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
--- 6. Name and Address of Current Registered Agent --- <b>CZAJKA, ANDREW 6810 EL CAMINO PALOMA AVENUE PORT RICHEY, FL 34668</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip 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: <u><i>[Signature]</i> A Czajka</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>04/28/06</u>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PSTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CZAJKA, ANDRZEJ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6810 EL CAMINO PALOMA AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT RICHEY, FL 34668</td> <td></td> </tr> </table>			TITLE	PSTD	<input checked="" type="checkbox"/> Delete	NAME	CZAJKA, ANDRZEJ		STREET ADDRESS	6810 EL CAMINO PALOMA AVENUE		CITY-ST-ZIP	PORT RICHEY, FL 34668		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PSTD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CZAJKA AGNIESZKA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6810 El Camino Paloma Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Richey, FL 34668</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	CZAJKA AGNIESZKA		STREET ADDRESS	6810 El Camino Paloma Ave		CITY-ST-ZIP	Port Richey, FL 34668	
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u><i>[Signature]</i> A. Czajka</u> DATE: <u>04/28/06</u> DAYTIME PHONE #: <u>727 243 4186</u>																													