


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 May 01, 2006 08:00 AM
 Secretary of State

DOCUMENT # P01000085688
 1. Entity Name
ASSEMBLY-LINE PRODUCTS, INC.



Principal Place of Business
**8414 WRITHERSFIELD RUN
 103
 BRADENTON, FL 34202**

Mailing Address
**POST OFFICE BOX 50474
 SARASOTA, FL 34232**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2675024 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KULAGA, ARLENE
 8414 WRITHERSFIELD RUN, APT 103
 BRADENTON, FL 34202**

DO NOT WRITE IN THIS SPACE

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 *Arlene Kulaga President* DATE **4/27/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000555324
 05/16/06 08:025-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KULAGA, ARLENE 8414 WRITHERSFIELD RUN, APT 103 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KULAGA, MARCEL 8414 WRITHERSFIELD RUN, APT 103 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: *Arlene Kulaga President* DATE: **4/27/06** 941-907-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR