


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000085688**

1. Entity Name  
**ASSEMBLY-LINE PRODUCTS, INC.**



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

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



02022007 No Chg-P CR2E034 (11/05)



4. FEI Number  
**36-2675924** 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 WRTHERSFIELD RUN, APT 103  
 BRADENTON, FL 34202**



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)*  
**Arlene KULAGA President** DATE: **4/23/07**

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

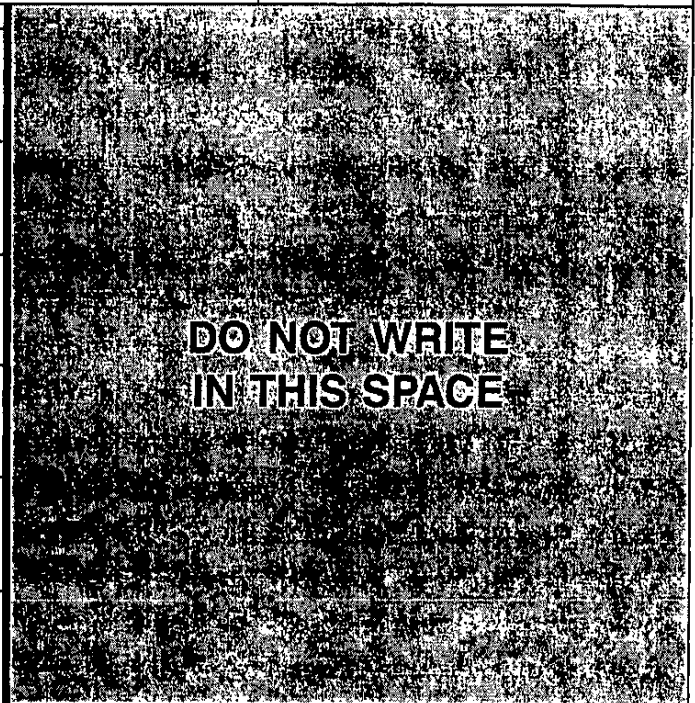
**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

U00000721669  
 05/01/07-80154-024 150.00

10. OFFICERS AND DIRECTORS

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



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: *Arlene Kulaga (President)*  
**Arlene KULAGA President** DATE: **4/23/07** 941-907-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #