


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

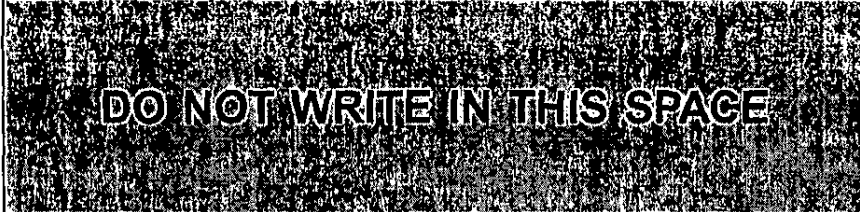
**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**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**



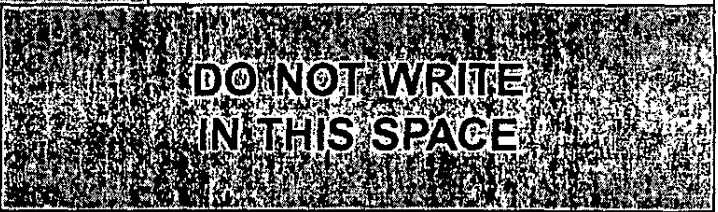
04222008 No Chg-P CR2E034 (11/05)

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* DATE: *4/28/08*

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

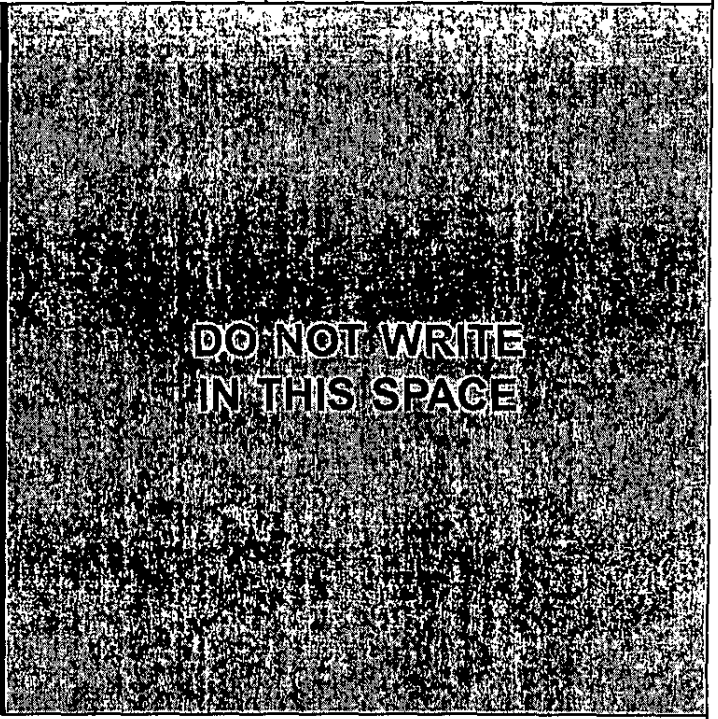
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000928930  
 05/21/08-80048-021 150.00

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: *Marcel Kulaga Secy/Treasurer* DATE: *4/28/08* Daytime Phone #: *941-907-3208*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR