


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90004 026 \*\*\*150.00

<b>DOCUMENT # P01000090390</b>	
1. Entity Name <b>BOTTOM LINE ASSOCIATES, INC.</b>	

Principal Place of Business <b>1016 RUSSEL DRIVE HIGHLAND BEACH FL 33487</b>	Mailing Address <b>1016 RUSSELL DRIVE HIGHLAND BEACH FL 33487</b>
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2. Principal Place of Business <b>6408 PARK LAKE CIRCLE</b>	3. Mailing Address <b>6408 PARK LAKE CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BOYNTON BEACH, FLORIDA</b>	City & State <b>BOYNTON BEACH, FL</b>
Zip <b>33437</b>	Country <b>USA</b>

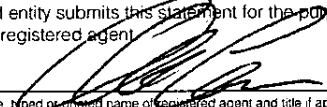


MOORE CR2E034 (4/04)

4. FEI Number <b>65-1137032</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>COHEN, BONNIE K 1016 RUSSELL DRIVE HIGHLAND BEACH FL 33487</b>	
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7. Name and Address of New Registered Agent Name <b>ADAM COHEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6408 PARK LAKE CIRCLE</b> City <b>BOYNTON BEACH</b> FL Zip Code <b>33437</b>	
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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 	DATE <b>8/19/04</b>
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<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P COHEN, ADAM I 1016 RUSSELL DRIVE HIGHLAND BEACH FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V COHEN, KENNETH D 1016 RUSSELL DRIVE HIGHLAND BEACH FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S COHEN, BONNIE K 1016 RUSSELL DRIVE HIGHLAND BEACH FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT ADAM COHEN 6408 PARK LAKE CIRCLE BOYNTON BEACH FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP KEN COHEN 6408 PARK LAKE CIRCLE BOYNTON BEACH, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY BONNIE COHEN 6408 PARK LAKE CIRCLE BOYNTON BEACH, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	<b>ADAM COHEN</b>	Date <b>8/19/04</b>	Daytime Phone # <b>561-738-2549</b>
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