## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090390

Entity Name: BOTTOM LINE ASSOCIATES, INC.

FILED Jul 30, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6408 PARK LAKE CIRCLE 9701 SAVANNAH ESTATES DRIVE BOYNTON BEACH, FL 33437

LAKE WORTH, FL 33467

**Current Mailing Address: New Mailing Address:** 

6408 PARK LAKE CIRCLE 9701 SAVANNAH ESTATES DRIVE

BOYNTON BEACH, FL 33437 LAKE WORTH, FL 33437

FEI Number: 65-1137032 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, ADAM COHEN, KENNETH D

6408 PARK LAKE CIRCLE 9701 SAVANNAH ESTATES DRIVE US LAKE WORTH, FL 33467 BOYNTON BEACH, FL 33437

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.

SIGNATURE: KENNETH D COHEN 07/30/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

COHEN, ADAM I COHEN, KENNETH D Name: Name:

6408 PARK LAKE CIRCLE 9701 SAVANNAH ESTATES DRIVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: LAKE WORTH, FL 33467

Title: (X) Change ( ) Addition Title: () Delete Name: COHEN, KENNETH D Name: COHEN, ADAM I

6408 PARK LAKE CIRCLE 6408 PARK LAKE CIRCLE Address: Address:

BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition () Delete COHEN, BONNIE K COHEN, BONNIE K Name: Name:

6408 PARK LAKE CIRCLE 9701 SAVANNAH ESTATES DRIVE Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: KENNETH D COHEN 07/30/2005