


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000099587	
1. Entity Name AUTO-LINE PRODUCTS, INC.	

Principal Place of Business 4000 SW 47TH AVE FORT LAUDERDALE, FL 33314	Mailing Address 4000 SW 47TH AVE FORT LAUDERDALE, FL 33314
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04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1149583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRADY, JAMES C 501 NE 8 ST FT LAUDERDALE, FL 33304

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, ARNOLD 4000 SW 47TH AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CAROL A 4000 SW 47TH AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, EDWARD A 4000 SW 47TH AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, JOSEPH L 4000 SW 47TH AVENUE FORT LAUDERDALE, FL 33314
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 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: *Arnold Williams* **Arnold Williams** **4-13-07** **877-282-5483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #