


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P02000111762 1. Entity Name ANALINE, INC.	
---	---

Principal Place of Business 1515 COVERED BRIDGE DRIVE DELAND, FL 32724 US	Mailing Address 1515 COVERED BRIDGE DRIVE DELAND, FL 32724 US
---	---

DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1654041	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

RANDOLPH, ANA
1515 COVERED BRIDGE ROAD
DELAND, FL 32724

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RANDOLPH, ANA 1515 COVERED BRIDGE ROAD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDOLPH, ANDREW J 1515 COVERED BRIDGE DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDOLPH, ANA CRISTINA 1515 COVERED BRIDGE DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSA, AXEL E 1515 COVERED BRIDGE RD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000853175
03/26/08-80057-019 150.00

**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: Ana Rosa Lopez Date Mar 7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR