


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000132729	
1. Entity Name FRONT LINE SALES, INC.	

Principal Place of Business 32119 WOLFBRANCH LANE SORRENTO, FL 32776	Mailing Address 32119 WOLFBRANCH LANE SORRENTO, FL 32776
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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1452334	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 KIMBROUGH, DIEDRA 32119 WOLFBRANCH LANE SORRENTO, FL 32776

**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 Diedra Kimbrough Diedra Kimbrough 1-23-06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000402622 02/03/06-80015-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBROUGH, DIEDRA M 32119 WOLFBRANCH LANE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIMBROUGH, JOHN J 32119 WOLFBRANCH LANE SORRENTO, FL 32776
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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: Diedra Kimbrough Diedra Kimbrough 1-23-06 352-7853607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #