## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000008029

BAKER, TIMOTHY L

324 W GORE STREET

ORLANDO, FL 32806

Name:

Address:

City-St-Zip:

FILED Jan 05, 2005 Secretary of State

Entity Nar	ne: RAILNE	T, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
324 W GO ORLANDO	RE ST ), FL 32806						
Current Mailing Address:			New Maili	New Mailing Address:			
324 W GO ORLANDO	RE ST ), FL 32806						
FEI Number:	16-1649714	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	Address of N	ew Registered Agent:		
SWANN HADLEY, P.A. 1031 W MORSE BLVD STE 200 WINTER PK, FL 327893750 US			1031 W M0 SUITE 350	SWANN HADLEY, P.A. 1031 W MORSE BLVD SUITE 350 WINTER PK, FL 327893750 US			
	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered of	fice or registered agent, or both,		
SIGNATURE:				01/05/2005			
	Electro	nic Signature of Registered Age	nt		Date		
Election Car	npaign Financii	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( MEARS, PAUI 324 W GORE ORLANDO, FI	ST	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DP ( MEARS, PAUI 324 W GORE ORLANDO, FI	ST	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DVP ( MEARS, JAMI 324 W GORE ORLANDO, FI	ST	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CEO ( CARNS, CHAF 324 W GORE ORLANDO, FI	STREET	Title: Name: Address: City-St-Zip:	CEO (X) CARNS, CHARL 324 W GORE S ORLANDO, FL	TREET		
Title:	CFO (	) Delete	Title:	( )	Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY L BAKER CFO 01/05/2005