


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90189 038 \*\*\*150.00

<b>DOCUMENT # P03000042917</b>	
1. Entity Name <b>FOOT LINE, INC.</b>	

Principal Place of Business <b>13464 85 ROAD NORTH WEST PALM BEACH, FL 33412</b>	Mailing Address <b>13464 85 ROAD NORTH WEST PALM BEACH, FL 33412</b>
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2. Principal Place of Business <b>993 SANCTUARY COVE DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>993 SANCTUARY COVE DR</b> Suite, Apt. #, etc.
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City & State <b>PALM BEACH GARDENS FL</b>	City & State <b>PALM BEACH GARDENS FL</b>
Zip <b>33410</b>	Zip <b>33410</b>
Country	Country



04192004 Chg-P CR2E034 (10/03)

4. FEI Number <b>86-1065560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>ADER, DIANE M 13464 85 RD N WEST PALM BEACH, FL 33412</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>993 SANCTUARY COVE DR</b> City <b>PALM BEACH GARDENS FL</b> Zip Code <b>33410</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADER, WALTER 13464 85 ROAD NORTH WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>993 SANCTUARY COVE DR PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADER, DIANE 13464 85 ROAD NORTH WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>993 SANCTUARY COVE DR PALM BEACH GARDENS, FL 33410</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Diane Ader* **DIANE ADER** 4-20-04 (561) 691-5589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #