2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90292 044 ***150.00

DOCUMENT # P03000086517

1. Entity Name
STREAMLINE INK, INC.

Principal Place of Business	Mailing Address
~~5434 W SAMPLE RD~~ ~~STE. 254~~ ~~MARGATE, FL 33073~~	~~5434 W SAMPLE RD~~ ~~STE. 254~~ ~~MARGATE, FL 33073~~

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6045 N. Sable Circle		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MARGATE FL		City & State	
Zip: 33063	Country: US	Zip	Country

4. FEI Number: 11-3701014 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RENY, CARLENE C ~~5434 W SAMPLE RD~~ ~~STE 254~~ ~~MARGATE, FL 33073~~	Name: Street Address (P.O. Box Number is Not Acceptable): 6045 N. SABLE CIRCLE City: MARGATE FL Zip Code: 33063

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	RENY, CARLENE C		NAME		
STREET ADDRESS	~~5434 W SAMPLE RD, STE. 254~~		STREET ADDRESS	6045 N. SABLE CIRCLE	
CITY-ST-ZIP	~~MARGATE, FL 33073~~		CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Carlene C Reny 4-15-05 954-973-3488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #