2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

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Entity Name: FLUID LINE SOLUTIONS, INC.

Current Principal Place of Business:

39 NW IRWIN AVENUE
MELBOURNE, FL 32904 US

New Principal Place of Business:

2440 SMITH STREET
UNIT G
KISSIMMEE, FL 34744 US

Current Mailing Address:

39 NW IRWIN AVENUE
MELBOURNE, FL 32904 US

New Mailing Address:

2440 SMITH STREET
UNIT G
KISSIMMEE, FL 34744 US

FEI Number: 20-0230857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQUIRE
1329 BEDFORD DRIVE
SUITE 1
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

POLK, ALICIA M ESQUIRE
8903 REGENTS PARK DRIVE
SUITE 130
TAMPA, FL 33647 US

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.

SIGNATURE: ALICIA M. POLK 04/01/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete
Name: POLK, TIMOTHY M
Address: 39 NW IRWIN AVENUE
City-St-Zip: MELBOURNE, FL 32904 US

Title: VP,S ( ) Delete
Name: POLK, SHARON A
Address: 39 NW IRWIN AVENUE
City-St-Zip: MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change ( ) Addition
Name: POLK, TIMOTHY M
Address: 2440 SMITH STREET, UNIT G
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP,S (X) Change ( ) Addition
Name: POLK, SHARON A
Address: 2440 SMITH STREET, UNIT G
City-St-Zip: KISSIMMEE, FL 34744 US

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.

SIGNATURE: TIMOTHY M. POLK P/T 04/01/2005
Electronic Signature of Signing Officer or Director Date