2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 03, 2007
Secretary of State

DOCUMENT# P03000136282

Entity Name: FLOW-LINE, INC.

Current Principal Place of Business:

407 PLAZA AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2463
LAKE PLACID, FL 33862

New Mailing Address:

445 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

FEI Number: 90-0134162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, ROBERT E
445 SOUTH COMMERCE AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TILLMAN, CRAYTON
Address: P.O. BOX 2463
City-St-Zip: LAKE PLACID, FL 33862

Title: P ( ) Delete
Name: TILLMAN, CRAYTON D
Address: PO BOX 2463
City-St-Zip: LAKE PLACID,, FL 33862

Title: VP,S ( ) Delete
Name: LAGROW-TILLMAN, JAMIE
Address: PO BOX 2463
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAGROW-TILLMAN, JAMIE
Address: 445 SOUTH COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

Title: P (X) Change ( ) Addition
Name: LAGROW-TILLMAN, JAMIE
Address: 445 SOUTH COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

Title: VP,S (X) Change ( ) Addition
Name: LAGROW-TILLMAN, JAMIE
Address: 445 SOUTH COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMIE LAGROW-TILLMAN VP 12/03/2007

Electronic Signature of Signing Officer or Director — Date