

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158408

Entity Name: FINE LINE SERVICES INC.

FILED  
Jun 03, 2006  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 38  
MT DORA, FL 32756

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 38  
MT DORA, FL 32756

**New Mailing Address:**

FEI Number: 56-2422890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLLIER, TAMMY  
2819 PALMETTO ROAD  
MT DORA, FL 32757 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COLLIER, TAMMY  
Address: P O BOX 38  
City-St-Zip: MT DORA, FL 32756

Title: VP ( ) Delete  
Name: COLLIER, JOSEPH  
Address: P O BOX 38  
City-St-Zip: MT DORA, FL 32756

Title: D ( ) Delete  
Name: BURROUGHS, WILLIAM  
Address: P O BOX 38  
City-St-Zip: MT DORA, FL 32756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMMY COLLIER

PRES

06/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date