2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P04000024777

Entity Name: TRUE LINES, INC.

Current Principal Place of Business:

2201 SE INDIAN STREET
C-1
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2201 SE INDIAN STREET
C-1
STUART, FL 34997

New Mailing Address:

FEI Number: 11-3712619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLONAKER, CHRIS
5995 SE RIVERBOAT DR
STUART, FL 34997 US

Name and Address of New Registered Agent:

SLONAKER, CHRISTOPHER D
5995 SE RIVERBOAT DR
STUART, FL 34997 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: CHRISTOPHER D SLONAKER 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SLONAKER, CHRIS
Address: 5995 SE RIVERBOAT DR
City-St-Zip: STUART, FL 34997

Title: SECR ( ) Delete
Name: SLONAKER, NICOLE G
Address: 5995 SE RIVERBOAT DR
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CHRISTOPHER D SLONAKER PSTD 04/15/2009
Electronic Signature of Signing Officer or Director Date