2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Mar 20, 2006 08:00 AM Secretary of State

<u>\$1.05.,₩</u>	ANNUAL REPORT	
DOCUMENT #	P04000040568	{
1. Entity Name	ATIONS IN	j
A-LINE COMMUNIC.	AHONS, INC.	- 5



Principal Place of Business

2618 N W 66TH TERR GAINESVILLE, FL 32606 Mailing Address

2618 N W 66TH TERR GAINESVILLE, FL 32606



03152006

No Cha-P

CR2E034 (11/05)

4. FEI Number 75-3146409 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAN, CHAOQI 2618 N W 66TH TERR GAINESVILLE, FL 32608

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	named entity submits this statement for the patients of registered agent.	urpose of changing its	egistered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	(NOTE	Registered Agent signature	required when reinstating)	OATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campalç Trust Fund Contr		\$5.00 May Be Added to Fees	U00008475603
10.	OFFICERS AND DIRECTORS		1	·· ····	1997 US 7 US - 88022 - 004 - 159 7 15
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PS PHILLIPS-HAN, KATHERINE A 2618 N W 66TH TERR GAINESVILLE, FL 32606				
TITLE NAME STREET ADDRESS	VT HAN, CHAOQI 2618 N W 66TH TERR				

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NAME

STREET ADDRESS

CITY-ST-IP

12. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

CATY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE
MAME
STITEET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GAINESVILLE, FL 32606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

March 16, 2006 (350 372-3219)