

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102048

Entity Name: THE MAXLINE GROUP, INC.

FILED  
Aug 07, 2008  
Secretary of State

## Current Principal Place of Business:

834 NE 33RD STREET  
1  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

C/O KENT HUFFMAN, ESQUIRE  
350 ROYAL PALM WAY STE 409  
PALM BCH, FL 33480

## New Mailing Address:

C/O KENT HUFFMAN, ESQUIRE  
515 N. FLAGLER DRIVE, #801  
WEST PALM BEACH, FL 33401

FEI Number: 55-0874450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUFFMAN, KENT ESQUIRE  
350 ROYAL PALM WAY STE 409  
PALM BCH, FL 33480 US

## Name and Address of New Registered Agent:

HUFFMAN, KENT ESQUIRE  
515 N. FLAGLER DRIVE  
# 801  
WEST PALM BEACH, FL 33401 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: KENT HUFFMAN

08/07/2008

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: D/P ( ) Delete  
Name: SIMONSON, ROBERT ESQUIRE  
Address: 350 ROYAL PALM WAY STE 409  
City-St-Zip: PALM BCH, FL 33480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: SIMONSON, ROBERT  
Address: 515 N. FLAGLER DRIVE, #801  
City-St-Zip: WEST PALM BEACH, FL 33401

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: ROBERT SIMONSON

PD

08/07/2008

Electronic Signature of Signing Officer or Director

Date