

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011759

Entity Name: BOTTOM LINE BASICS, INC.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

2400 WINDING CREEK BLVD #10-103
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

PO BOX 1293
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 51-0532523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGLE, TERRI M
2400 WINDING CREEK BLVD #10-103
CLEARWATER, FL 33761 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OGLE, TERRI M
Address: PO BOX 1293
City-St-Zip: OLDSMAR, FL 336771293

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OGLE, TERRI M
Address: PO BOX 1293
City-St-Zip: OLDSMAR, FL 336771293 US

Title: VP () Change (X) Addition
Name: OGLE, THOMAS A
Address: PO BOX 1293
City-St-Zip: OLDSMAR, FL 346771293 US

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: TERRI M OGLE

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date