

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067006

Entity Name: MATE LINE INC

FILED  
Jun 01, 2006  
Secretary of State

**Current Principal Place of Business:**

4905 34TH ST S, SUITE 369  
ST. PETERSBURG, FL 33711

**New Principal Place of Business:**

7825 BOCA CIEGA DR.  
ST. PETERSBURG BEACH, FL 33706

**Current Mailing Address:**

4905 34TH ST S, SUITE 369  
ST. PETERSBURG, FL 33711

**New Mailing Address:**

7825 BOCA CIEGA DR.  
ST. PETERSBURG BEACH, FL 33706

FEI Number: 65-1250316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, SHERRI  
4905 34TH ST S, SUITE 369  
ST. PETERSBURG, FL 33711 US

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

WILLIAMS, SHERRI  
7825 BOCA CIEGA DR.  
ST. PETERSBURG BEACH, FL 33706 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: SHERRI WILLIAMS

06/01/2006

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: DPVS ( ) Delete  
Name: WILLIAMS, SHERRI  
Address: 4905 34TH ST S, SUITE 369  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: T ( ) Delete  
Name: WILLIAMS, SHERRI  
Address: 4905 34TH ST S, SUITE 369  
City-St-Zip: ST. PETERSBURG, FL 33711

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

Title: DPVS (X) Change ( ) Addition  
Name: WILLIAMS, SHERRI  
Address: 7825 BOCA CIEGA DR.  
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, SHERRI  
Address: 7825 BOCA CIEGA DR.  
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

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: SHERRI WILLIAMS

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06/01/2006

Electronic Signature of Signing Officer or Director

Date