


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90110 036 \*\*\*150.00

<b>DOCUMENT # P05000094547</b> 1. Entity Name <b>FLIGHTLINE WEALTH ENGINEERS, INC.</b>																																																																																																														
Principal Place of Business <b>418 COUNTY ROAD 25 LADY LAKE, FL 32159</b>				Mailing Address 																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 91</b> Suite, Apt. #, etc.																																																																																																												
City & State 		City & State <b>EAST LAKE WEIR, FL</b>		4. FEI Number <b>20-2969501</b>																																																																																																										
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																										
City & State 		City & State <b>EAST LAKE WEIR, FL</b>		6. Name and Address of Current Registered Agent <b>PETERS, PATRICIA A P.O. Box 2080 LADY LAKE, FL 32158-2080</b>																																																																																																										
Zip <b>32133-0091</b>		Country 		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																										
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																														
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																											
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHNEIDER, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>40131 ORANGE CIR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LADY LAKE, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PETERS, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6163 SE 165 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34481</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	SCHNEIDER, WILLIAM		STREET ADDRESS	40131 ORANGE CIR.		CITY-ST-ZIP	LADY LAKE, FL		TITLE	STD	<input type="checkbox"/> Delete	NAME	PETERS, PATRICIA		STREET ADDRESS	6163 SE 165 COURT		CITY-ST-ZIP	OCALA, FL 34481		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																												
NAME	SCHNEIDER, WILLIAM																																																																																																													
STREET ADDRESS	40131 ORANGE CIR.																																																																																																													
CITY-ST-ZIP	LADY LAKE, FL																																																																																																													
TITLE	STD	<input type="checkbox"/> Delete																																																																																																												
NAME	PETERS, PATRICIA																																																																																																													
STREET ADDRESS	6163 SE 165 COURT																																																																																																													
CITY-ST-ZIP	OCALA, FL 34481																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
12. I 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.																																																																																																														
<b>SIGNATURE:</b> <u>Patricia A. Peters</u> <b>PATRICIA A. Peters, Director</b> <u>4/17/06</u> <u>(352) 259-6567</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																														