
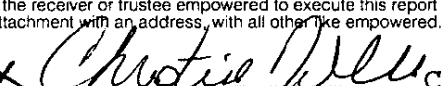


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90180 012 \*\*\*150.00

<b>DOCUMENT # P05000146980</b>			
1. Entity Name <b>NITELINE INC.</b>			
Principal Place of Business <b>9063 PEMBERTON ST. SPRING HILL, FL 34608</b>		Mailing Address <b>9063 PEMBERTON ST. SPRING HILL, FL 34608</b>	
2. Principal Place of Business <b>1264 MALONE AVENUE</b>		3. Mailing Address <b>1264 MALONE AVENUE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SPRING HILL, FL</b>		City & State <b>SPRING HILL, FL</b>	
Zip <b>34606</b>	Country	Zip <b>34606</b>	Country
4. FEI Number <b>84-1692996</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WEBB, CHRISTINE E 1264 MALONE AVE SPRING HILL, FL 34606</b>		7. Name and Address of New Registered Agent N Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P WEBB, CHRISTINE E 1264 MALONE AVE SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WEBB, EDWARD M 1264 MALONE SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X</b>  <b>CHRISTINE WEBB</b>		<b>X</b> <b>4-26-06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04242006 Chg-P CR2E034 (11/05)