


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90067 034 \*\*\*150.00

<b>DOCUMENT # P05000146980</b> 1. Entity Name <b>NITELINE INC.</b>					
Principal Place of Business <b>1264 MALONE AVE SPRING HILL, FL 34606</b>			Mailing Address <b>1264 MALONE AVE SPRING HILL, FL 34606</b>		
2. Principal Place of Business - No P.O. Box # <b>4272 DIDO DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4272 DIDO DRIVE</b> Suite, Apt. #, etc.			
City & State <b>PORT ST LUCIE FL</b>		City & State <b>PORT ST. LUCIE FL</b>		4. FEI Number <b>84-1692996</b>	
Zip <b>34953</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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  Name Street Address (P.O. Box Number is Not Acceptable) <b>4272 DIDO DRIVE</b> City <b>PORT ST. LUCIE FL</b> Zip Code <b>34953</b>	
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, 2007 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WEBB, CHRISTINE E 1264 MALONE AVE SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4272 DIDO DRIVE PORT ST LUCIE, FL 34953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WEBB, EDWARD M 1264 MALONE SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4272 DIDO DRIVE PORT ST. LUCIE, FL 34953</b>	
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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 the empowered.					
SIGNATURE: <i>Christine Webb</i>			CHRISTINE WEBB		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-2-07</b> Daytime Phone # <b>878-6270</b>		