
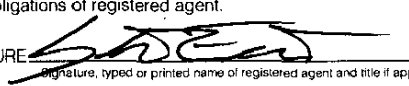
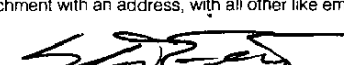


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90080 025 \*\*\*150.00

<b>DOCUMENT # P06000105365</b> 1. Entity Name <b>MED-LINE EXPRESS SERVICES INC.</b>					
Principal Place of Business <b>5521 NW 40 TERRACE</b> <b>COCONUT CREEK, FL 33073 US</b>			Mailing Address <b>5521 NW 40 TERRACE</b> <b>COCONUT CREEK, FL 33073 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2700 West Atlantic Blvd.</b>		3. Mailing Address <b>2700 West Atlantic Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 255</b>		Suite, Apt. #, etc. <b>Suite 255</b>			
City & State <b>Pompano Beach, FL</b>		City & State <b>Pompano Beach, FL</b>			
Zip <b>33069</b>		Country <b>U.S.A.</b>		4. FEI Number <b>20-5596385</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC.</b> <b>13302 WINDING OAKS BLVD</b> <b>SUITE A-100</b> <b>TAMPA, FL 33612-3425</b>			7. Name and Address of New Registered Agent Name <b>Steven Eaton</b> Street Address (P.O. Box Number is Not Acceptable) <b>2700 W. Atlantic Blvd., Ste. 255</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33069</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  <b>Steven Eaton, President</b> <b>4/10/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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 <input type="checkbox"/> Delete <b>EATON, STEVEN</b> <b>5521 NW 40 TERRACE</b> <b>COCONUT CREEK, FL 33073</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>ESTEFANIA, EATON</b> <b>5521 NW 40 TERRACE</b> <b>COCONUT CREEK, FL 33073</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP S</b> <b>Eaton, Estefania</b>	
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  	
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  	
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  	
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.					
SIGNATURE:  <b>PRESIDENT STEVE EATON</b> <b>4/10/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					