

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000042998

FILED
Mar 31, 2008
Secretary of State

Entity Name: BORDERLINE SHIPPING INC.

Current Principal Place of Business:

3004 SW 26 CT
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

3004 SW 26 CT
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAUJO, EDSON
3671 NW 4 AV
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARAUJO, EDSON
Address: 3671 NW 4 AV
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: ARAUJO, EDSON
Address: 3671 NW 4 AV
City-St-Zip: BOCA RATON, FL 33431

Title: S () Change (X) Addition
Name: ARAUJO, EDSON
Address: 3671 NW 4 AV
City-St-Zip: BOCA RATON, FL 33431

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: EDSON ARAUJO

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date