2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000050523

1. Entity Name

TREÉLINE INTERNATIONAL, INC.



FILED
Feb 04, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1104 N COLLIER BLVD. MARCO ISLAND, FL 34145 PO BOX 2435

MARCO ISLAND, FL 34146-2435



DO NOT WRITE IN THIS SPACE

02012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0506233 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBSCHER, GARY 1391 CAXAMBAS CT MARCO ISLAND, FL 34145

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	enamed entity submits this statement for the pations of registered agent.	ourpose of changing its registered office or registere	d agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and live	d applicable. (NOTE, Registered Agent signature required v	men reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		00 May Be U00000033794 d to Fees 02/05/04-80057-024 150.00
10.	OFFICERS AND DIREC	CTORS	
NAME STREET ADDRESS	DCPS LIEBSCHER, GARY 1391 CAXAMBAS CT		

DO NOT WRITE IN THIS SPACE

MARCO ISLAND, FL TELE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TEELE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 receipts or tousine 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 produces with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04

239-394-6201

Days me Phone #