

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014480

Entity Name: GRAPHLINE, INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

9409 W. COMMERCIAL BLVD.
TAMARAC, FL 333514321

New Principal Place of Business:

1890 N. UNIVERSITY DRIVE
205
CORAL SPRINGS, FL 330718963

Current Mailing Address:

9409 W. COMMERCIAL BLVD.
TAMARAC, FL 333514321

New Mailing Address:

1890 N. UNIVERSITY DRIVE
205
CORAL SPRINGS, FL 330718963

FEI Number: 65-0557940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMIS, RAYMOND
9409 W. COMMERCIAL BLVD.
TAMARAC, FL 33351 US

Name and Address of New Registered Agent:

DOMIS, RAYMOND
1890 N. UNIVERSITY DRIVE
205
CORAL SPRINGS, FL 330718963 US

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:

01/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOMIS, RAYMOND C
Address: 9409 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 333514321

Title: D () Delete
Name: OSTROFF, MICHAEL I
Address: 9409 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 333514321

Title: VPOP () Delete
Name: THEILE, RALPH
Address: 9409 W. COMMERCIAL
City-St-Zip: TAMARAC, FL 333514321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOMIS, RAYMOND C
Address: 1890 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 330718963

Title: D (X) Change () Addition
Name: OSTROFF, MICHAEL I
Address: 1890 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 330718963

Title: VPOP (X) Change () Addition
Name: THEILE, RALPH
Address: 1890 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 330718963

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND C. DOMIS

D

01/11/2006

Electronic Signature of Signing Officer or Director

Date