

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014480

Entity Name: GRAPHLINE, INC.

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

1890 N. UNIVERSITY DRIVE
205
CORAL SPRINGS, FL 330718963

Current Mailing Address:

1890 N. UNIVERSITY DRIVE
205
CORAL SPRINGS, FL 330718963

New Principal Place of Business:

1100 INTERNATIONAL PARKWAY
SUITE 100
SUNRISE, FL 333232886

New Mailing Address:

1100 INTERNATIONAL PARKWAY
SUITE 100
SUNRISE, FL 333232886

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

Name and Address of New Registered Agent:

DOMIS, RAYMOND
1100 INTERNATIONAL PARKWAY
SUITE 100
SUNRISE, FL 333232886 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:

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOMIS, RAYMOND C
Address: 1100 INTERNATIONAL PARKWAY SUITE 100
City-St-Zip: SUNRISE, FL 333232886 US

Title: D (X) Change () Addition
Name: OSTROFF, MICHAEL I
Address: 1100 INTERNATIONAL PARKWAY SUITE 100
City-St-Zip: SUNRISE, FL 333232886 US

Title: VPOP (X) Change () Addition
Name: THEILE, RALPH
Address: 1100 INTERNATIONAL PARKWAY SUITE 100
City-St-Zip: SUNRISE, FL 333232886 US

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: RAY C. DOMIS

CFO

04/20/2007

Electronic Signature of Signing Officer or Director

Date