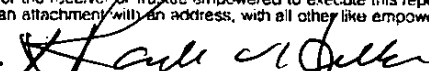


DOCUMENT # P95000045316				Secretary of State 02-28-2008 90021 032 ***150.00	
1. Entity Name TRIMLINE FLEET GRAPHICS INTERNATIONAL, INC.					
Principal Place of Business 2755 W. 81ST ST. HIALEAH FL 33016		Mailing Address 2755 W. 81ST ST. HIALEAH FL 33016			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0595932	
Zip		Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HULAN, RANDELL V 2995 SW 174 AVENUE MIRAMAR FL 33029				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____					
NOTE: Registered Agent signature required when non-solicit.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
P HULAN, IVAN M 9430 SADDLEBORRCK DRIVE BOCA RATON FL 33496			☐ Change ☐ Addition		
VP HULAN, JEFFREY P.O. BOX 16 N/A JEFFERTS NEWFOUNDLAND CAN			☐ Change ☐ Addition		
T HULAN, RICHARD P.O. BOX 27 N/A JEFFERTS NFLD CND.			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3/10/2008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					