

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 009 ***158.75

DOCUMENT # P96000006125 1. Entity Name PRO LINE SPORTS, INC.					
Principal Place of Business 837 WATERWAY PL 102 LONGWOOD, FL 32750			Mailing Address 837 WATERWAY PL 102 LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box # 107 Commerce Way		3. Mailing Address 107 Commerce Way			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Sanford FL		City & State Sanford FL		4. FEI Number 59-3355413	
Zip 32771		Country Seminole		Applied For <input type="checkbox"/> Not Applicable	
Zip 32771		Country Seminole		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSO, ROBERT G D 109 COMMERCE ST #1101 LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name Albert J Light Street Address (P.O. Box Number is Not Acceptable) 107 Commerce Way City Sanford FL Zip Code 32771	
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 <u><i>Albert J Light</i></u> Albert J Light Pres 4/10/07 <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELLORUSSO, ROBERT G 505 WEKIVA SPRINGS ROAD #800 LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIGHT, ALBERT J 505 WEKIVA SPRINGS ROAD #800 LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Albert J Light 701 Forest View Ct Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEIDAISH, PHILIP JR 505 WEKIVA SPRINGS ROAD #800 LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Albert J Light</i></u> Albert J Light			4/10/07 321.397-2072 <small>Date Daytime Phone #</small>		