


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State


04-27-2006 90203 002 ***150.00

DOCUMENT # P97000064651 1. Entity Name PROLINE, INC.	
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Principal Place of Business 6398 DANNER DRIVE UNIT D SARASOTA, FL 34240	Mailing Address 6398 DANNER DRIVE UNIT D SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE

40067299



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0788196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCOY, PAMELA M 6398 DANNER DR SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
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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.

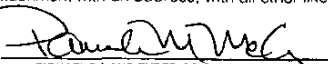
SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCCOY, DENNIS 6398 DANNER DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCCOY, PAMELA M 6398 DANNER DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **PAMELA M. McCoy - ST** **4/25/06** **941-377-2388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #