


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000087908</b>	
<b>1. Entity Name</b> AR-LINE PROMOTIONS, INC.	

<b>Principal Place of Business</b> %LOIS PATHMAN 10520 PLAINVIEW CIR BOCA RATON, FL 33498	<b>Mailing Address</b> %LOIS PATHMAN 10520 PLAINVIEW CIR BOCA RATON, FL 33498
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 65-0838484	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

PATHMAN, LOIS  
10520 PLAINVIEW CIR  
BOCA RATON, FL 33498

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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> P	<b>NAME</b> PATHMAN, LOIS
<b>STREET ADDRESS</b> 10520 PLAINVIEW CIR	
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33498	

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01/17/08-80067-006 150.00

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**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:** Lois Pathman Lois R Pathman 1/14/08 561 444-6268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #