2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# P98000006215

Entity Name: TRUSTLINE NETWORKS, INC.

Current Principal Place of Business:

1200 THOMASVILLE ROAD
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 13407
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3492486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM C JR.
1200 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: IRWIN, HARRIET C
Address: 1200 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: CIO ( ) Delete
Name: DUNN, T. KYLE
Address: 1200 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: TOALE, DAVID V
Address: 40 N ORANGE AVE
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: QUATTLEBAUM, EARL
Address: 1202 S OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PT ( ) Delete
Name: WILLIAMS, WILLIAM H JR
Address: 1200 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: IRWIN, HARRIET C
Address: 1200 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change ( ) Addition
Name: WILLIAMS, WILLIAM H JR
Address: 1200 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM H. WILLIAMS, JR. PRES 01/14/2005

Electronic Signature of Signing Officer or Director — Date