


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000059458</b> 1. Entity Name <b>FRONTLINE INVESTMENTS, INC.</b>	
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Principal Place of Business <b>2912 E COLONIAL DR ORLANDO, FL 32803</b>	Mailing Address <b>424 E CENTRAL BLVD. #339 ORLANDO, FL 32801</b>
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05012006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3523811</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  <b>ROBERTSON, JON L 2339 TOWN &amp; COUNTRY DRIVE KISSIMMEE, FL 34744</b>
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**DO NOT WRITE  
IN THIS SPACE**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, JORGE R P.O. BOX 422887 KISSIMMEE, FL 34742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTSON, JON L 2339 TOWN & COUNTRY DR KISSIMMEE, FL 34744
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05/19/06-80063-013 150.00

**DO NOT WRITE  
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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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3-30-06**  
Date

Daytime Phone #