
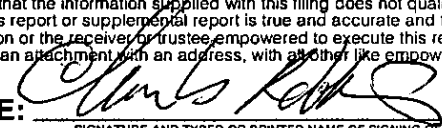


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90280 003 ***150.00

| | | | |
|---|---|--|---|
| P99000059792 1. Entity Name TRIPLE A WHITE LINE, INC. | |  | |
| Principal Place of Business 1621 EAST HILLCREST ST. ORLANDO, FL 32803 | | Mailing Address 1621 EAST HILLCREST ST. ORLANDO, FL 32803 | |
| 2. Principal Place of Business 5801 Altec Rd. | | 3. Mailing Address 5801 Altec Rd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State Orlando, FL | |
| Zip 32808 | Country USA | Zip 32808 | Country USA |
| 4. FEI Number 58-2457500 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 | | 03122004 | |
| 6. Name and Address of Current Registered Agent ROBBINS, CHARLES R 1621 EAST HILLCREST ST. ORLANDO, FL 32803 | | 7. Name and Address of New Registered Agent Name Robbins, Charles R. Street Address (P.O. Box Number is Not Acceptable) 5801 Altec Rd. City Orlando FL Zip Code 32808 | |
| 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 _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 Trust Fund Contribution. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBBINS, CHARLES R 127 BREEZY VALLEY ROAD HIRAM, GA 30141 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robbins, Charles R. 5801 Altec Rd. Orlando, FL 32808 |
| 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 |
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| 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 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 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 another like empowered. | | | |
| SIGNATURE:  | | Date 4-27-04 Daytime Phone # 407 253 1214 321 287-4467 | |