2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080997

Entity Name: LABOR LINE, INC

FILED Apr 13, 2005 Secretary of State

•		- ,				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
#103	STREET N					
CLEARWA [*]	TER, FL 33760)				
Current Mailing Address:			New Mailing Address:			
12425 28TH STREET N #103						
CLEARWA [*]	TER, FL 33760)				
FEI Number: 59-3607409 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status		Certificate of Status Desired ()		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAYS	TION SERVICE STREET SEE, FL 32301					
The above in the State		ıbmits this statement for the pu	urpose of changing it	ts registered of	ffice or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent			nt	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DAVIS, PAMELA	EET NORTH, STE. 103	Title: Name: Address: City-St-Zip:	MAY, RANDY	Change () Addition REET NORTH, STE. 103 RG, FL 33716	
Title: Name: Address: City-St-Zip:	KNIGHTLY, ESTH	EET NORTH, STE. 103	Title: Name: Address: City-St-Zip:	JOHNSTON, PE 12425 28TH ST	REET NORTH, STE. 103	
Title: Name: Address: City-St-Zip:	SMITH, ROBERT	EET NORTH, STE. 103	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V ()E BATTISTONI, BE 12425 28TH STR ST. PETERSBUR	EET NORTH	Title: Name: Address: City-St-Zip:	BATTISTONI, BE 12425 28TH ST	REET NORTH	

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: PEGGY JOHNSTON S 04/13/2005