

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60993

Entity Name: CREDITLINE, INC.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

2511 N. WOODLAND BLVD.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

2511 N. WOODLAND BLVD.
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3084606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, CECIL E.
871 LINDLET BLVD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

LAWRENCE, CECIL E.
2585 E LAKE DR
DELAND, FL 32724 US

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:

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LAWRENCE, ROBERTA A.
Address: 871 LINDLET BLVD
City-St-Zip: DELAND, FL 32724

Title: AD () Delete
Name: LAWRENCE, CECIL E.,
Address: 871 LINDLET BLVD
City-St-Zip: DELAND, FL 32724

Title: P () Delete
Name: LAWRENCE, CECIL E
Address: 871 LINDLEY BLVD
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: LAWRENCE, ROBERTA A.
Address: 2585 E LAKE DR
City-St-Zip: DELAND, FL 32724

Title: AD (X) Change () Addition
Name: LAWRENCE, CECIL E.,
Address: 2585 E LAKE DR
City-St-Zip: DELAND, FL 32724

Title: P (X) Change () Addition
Name: LAWRENCE, CECIL E
Address: 2585 E LAKE DR
City-St-Zip: DELAND, FL 32720

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: CECIL E LAWRENCE

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date