

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016665

**FILED**  
**Jan 17, 2008**  
**Secretary of State**

**Entity Name:** FRONT LINE STRATEGIES, INC.

**Current Principal Place of Business:**

526 EAST PARK AVENUE  
SUITE 100  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

526 EAST PARK AVENUE  
1ST FLOOR  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 1491  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 20-2263663      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOSTER, BRETT S  
988 MARYS DRIVE  
TALLAHASSEE, FL 32308      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: P      ( ) Delete  
Name: DOSTER, BRETT S  
Address: PO BOX 1491  
City-St-Zip: TALLAHASSEE, FL 32302

Title: S      ( ) Delete  
Name: DOSTER, IRIS E  
Address: PO BOX 1491  
City-St-Zip: TALLAHASSEE, FL 32302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T      (X) Change ( ) Addition  
Name: DOSTER, IRIS E  
Address: PO BOX 1491  
City-St-Zip: TALLAHASSEE, FL 32302

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IRIS DOSTER

T

01/17/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date