

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002692

FILED
Apr 17, 2009
Secretary of State

Entity Name: INLINER AMERICAN, INC.

Current Principal Place of Business:

2601 WEST LAKE MARY BLVD.
SUITE 129
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

1900 SHAWNEE MISSION PKWY
MISSION, KS 66205 US

New Mailing Address:

FEI Number: 76-0469163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: REYNOLDS, JEFFREY J
Address: 4520 N STATE RD 37
City-St-Zip: ORLEANS, IN 47452

Title: V () Delete
Name: HARRIS, MARK
Address: 2601 WEST LAKE BLVD. SUITE 129
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: FANSKA, JERRY W
Address: 1900 SHAWNEE MISSION PKWY
City-St-Zip: MISSION, KS 66205

Title: AS () Delete
Name: MCGREGOR, STEPHANIE
Address: 2601 WEST LAKE ROAD, SUITE 129
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: CROOKE, STEVEN F
Address: 1900 SHAWNEE MISSION PKWY
City-St-Zip: MISSION, KS 66205

Title: T () Delete
Name: SCHMIDT, CURTIS J
Address: 1900 SHAWNEE MISSION PKWY
City-St-Zip: MISSION, KS 66205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CURTIS J. SCHMIDT

T

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date