## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K39638

FILED Jan 12, 2009 Secretary of State

Entity Name: LINDA LARSEN COMMUNICATIONS INC

Current Principal Place of Business:		New Principal Place of Business:		
	GLEWOOD DR TA, FL 34239	US		
urrent N	/lailing Address	s:	New Mailing Addre	ess:
	GLEWOOD DR TA, FL 34239	US		
El Number	r: 65-0079959	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
424 I AN	GLEWOOD DR			
ARASOT	ГА, FL 34237	US ubmits this statement for the	purpose of changing its register	red office or registered agent, or both
ARASO	TA, FL 34237 e named entity si e of Florida. RE:	ubmits this statement for the		red office or registered agent, or both
SARASOT The above In the Stat	TA, FL 34237 e named entity si e of Florida.  RE: Electroni	ubmits this statement for the		red office or registered agent, or both  Date
ARASOT the above the Stat	TA, FL 34237 e named entity si e of Florida.  RE: Electroni	ubmits this statement for the		
SARASOT The above the Stat SIGNATU	TA, FL 34237 e named entity si e of Florida.  RE: Electroni	ubmits this statement for the c Signature of Registered Again Trust Fund Contribution ( ).	gent	
he above the Stat GNATU	FA, FL 34237  e named entity size of Florida.  RE:  Electronion  mpaign Financing  S AND DIRECT	ubmits this statement for the c Signature of Registered Again Trust Fund Contribution ( ).  FORS:  Delete L.,	gent	Date
he above the Stat  IGNATU  ection Ca  FFICER  ttle: ame: ddress:	TA, FL 34237  e named entity size of Florida.  RE:  Electroni  mpaign Financing  S AND DIRECT  PD ()I  LARSEN, LINDA  3424 TANGLEW  SARASOTA, FL	ubmits this statement for the c Signature of Registered Again Trust Fund Contribution ( ).  FORS:  Delete L., (OOD DR. 34239  Delete	gent  ADDITIONS/CHANG  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO

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: LINDA LARSEN PRES 01/12/2009