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Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90042 017 ***150.00



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT

2001

DOCUMENT # P98000081738

Lindy Enterprises, Inc N/c 12/21/00 **TM**

Principal Place of Business Mailing Address
 4083 Sunbeam Rd #805
 Jacksonville, FL 32257

3. Date Incorporated or Qualified 9/14/98 3a. Date of Last Report

21. Principal Place of Business 4320 Sunbeam Rd
 22. Suite Apt # etc 205
 23. City & State Jacksonville, FL
 24. Zip 32257 25. Country U.S.A.

26. Mailing Address 4041 Lakewood Cr
 27. Suite Apt # etc

28. City & State Winter Haven FL 33800

29. Zip 30. Country

4. FEI Number 59-3532064 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 Kay-Zin O Ma
 4083 Sunbeam Rd # 205
 Jacksonville, FL 32257

10. Name and Address of New Registered Agent
 81 Name Maung M Thein
 82 Street Address (P.O. Box Number is Not Acceptable) 4041 Lakewood Cr
 83
 84 City Winter Haven FL 85 Zip Code 33800

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X [Signature] (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	Kay-Zin O Ma (President)	<input checked="" type="checkbox"/> DELETE
NAME	Kay-Zin O Ma	
STREET ADDRESS	4083 Sunbeam Rd #205	
CITY ST ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Maung M. Thein	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Maung M. Thein	
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [Signature] MAUNG M. THEIN Date 3/20/01 407-894-7255

CR2E034 (9/96)