


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 626392**  
 1. Entity Name  
**LYN-MIL, INC.**



Principal Place of Business 10051 N W 7TH AVE MIAMI, FL 33150	Mailing Address 10051 N W 7TH AVE MIAMI, FL 33150
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**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-1955416	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 DOYLE, KEVIN L  
 5211 SW 57TH STREET  
 DAVIE, FL 33314

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000494484  
 04/20/06-80048-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOYLE, KEVIN L 5211 SW 57TH ST. DAVIE, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEARL, STEVEN 401 GOLDEN ISLES DR #408 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARL, JONI 401 GOLDEN ISLES DR #408 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Lee Pearl* **STEVEN LEE PEARL** 4/4/06 **305-756-8785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #