2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005624

Address:

City-St-Zip:

2303 KINGSFIELD STREET

JEFFERSONVILLE, IN 47130

Entity Name: LINIQUE MANAGEMENT SERVICES INC.

FILED Jan 30, 2008 Secretary of State

	OITIQOL	WWW. COLINEIVI OLIVIOLO, I	140.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	MAPLE STRE ONVILLE, IN 4						
Current Mailing Address:			New Maili	New Mailing Address:			
	MAPLE STRE ONVILLE, IN 4						
FEI Number:	: 61-1267077	FEI Number Applied For()	FEI Number Not App	icable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
ADAMS, T 10805 CAS RIVERVIE		US					
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both	١,	
SIGNATU	RE:						
	Electror	nic Signature of Registered Ag	ent		Date	_	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () STUCKI, LYLE 4007 LACOSTA LOUISVILLE, K	A CT.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	TSD () GARY, CHARLI 12109 TAYLOR LOUISVILLE, K	SVILLE RD.	Title: Name: Address: City-St-Zip:	TSD GARY, CHA 10805 CASA RIVERVIEW	A DRIVE		
Title: Name:	COO () ATKINS, NICOL	Delete .E Y	Title: Name:		() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: NICOLE Y. ATKINS COO 01/30/2008