2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F05000000754

Entity Name: LINEA 5, INC.

Current Principal Place of Business:

195 STATE ST.
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

195 STATE ST.
BOSTON, MA 02109

New Mailing Address:

FEI Number: 04-2888699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, ROBERT
325 MERIDIAN STREET
MIAMI BEACH, FL 33139 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: P ( ) Delete
Name: SLEZAK, MICHAEL F
Address: 149 PROSPECT ST.
City-St-Zip: READING, MA 01867

Title: SD ( ) Delete
Name: RADVILLE, RICHARD A
Address: 115 BANCROFT AVENUE
City-St-Zip: READING, MA 01867

Title: TD ( ) Delete
Name: DARZEN, HOLLY S
Address: 865 OLD RD. TO 9 ACRES CORNER
City-St-Zip: CONCORD, MA 01742

Title: VP ( ) Delete
Name: COTTA, ROBERT
Address: 193 W. CANTON STREET #3
City-St-Zip: BOSTON, MA 02116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: DARZEN, HOLLY S
Address: 155 HEATHS BRIDGE ROAD
City-St-Zip: CONCORD, MA 01742

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: MICHAEL F SLEZAK PRES 01/14/2009

Electronic Signature of Signing Officer or Director Date