


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F40210
 1. Entity Name
LINVILLE INVESTMENTS, INC.



Principal Place of Business Mailing Address
4622 GALL BLVD **4622 GALL BLVD**
% TERRY LINVILLE P.O. BOX 9005 **% TERRY LINVILLE P.O. BOX 9005**
ZEPHYRHILLS, FL 33541-6237 **ZEPHYRHILLS, FL 33541-6237**

DO NOT WRITE IN THIS SPACE



02022008 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
59-2158919 Not Applicable

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

6. Name and Address of Current Registered Agent
LINVILLE, TERRY
4622 GALL BLVD
ZEPHYRHILLS, FL 33541

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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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000479929
 04/10/06-00009-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINVILLE, LOIS
STREET ADDRESS	38399 C.R. 54 EAST
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	DS
NAME	LINVILLE, DANNY
STREET ADDRESS	30226 LAURELWOOD LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543
TITLE	D
NAME	LINVILLE, TONY
STREET ADDRESS	18415 TIMBERLAN DRIVE
CITY-ST-ZIP	LUTZ, FL
TITLE	D
NAME	LINVILLE, JAY
STREET ADDRESS	4622 GALL BLVD
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	D
NAME	LINVILLE, TIMOTHY
STREET ADDRESS	37136 LEMON DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000
TITLE	DV
NAME	LINVILLE, TERRY
STREET ADDRESS	5215 BERNADETTE DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000

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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: Terry Linville 3/22/06 (813) 782-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TERRY LINVILLE