2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # K25829 LYNSEN GROUP INC. Principal Place of Business_ - Mailing Address 1200 S. MIAMI ROAD 1200 S, MIAMI ROAD FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316 No Chg-P CR2E034 (10/03) 04262005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0060043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHIANG, STELLA DO NOT WRITE 1200 S. MIAMI ROAD FT. LAUDERDALE, FL 33316 IN THIS SPACE The Marie Children Calend 5. 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ШIJ CHIANG, STELLA NAME STREET ADDRESS 1200 S. MIÀMI ROAD CITY-ST-ZIP FT. LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I 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 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 ampowered.

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #