

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 08:00 AM Secretary of State

DOCUMENT # L25274  
1. Entity Name  
LIN-LAINE, INC.



Principal Place of Business  
105 LAKE EMERALD DRIVE # 411 FORT LAUDERDALE, FL 33309  
Mailing Address  
P O BOX 9387 FORT LAUDERDALE, FL 33310-9387



03032006 No Chg-P CR2E034 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0155483  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FREEMAN, JOAN  
105 LAKE EMERALD DRIVE #411  
FORT LAUDERDALE, FL 33309

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: *Joan Freeman* DATE: 3/7/06

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)

10. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | DP                          |
| NAME           | FREEMAN, FRANK              |
| STREET ADDRESS | 105 LAKE EMERALD DRIVE #411 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33309   |
| TITLE          | DST                         |
| NAME           | FREEMAN, JOAN               |
| STREET ADDRESS | 105 LAKE EMERALD DRIVE #411 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33309   |
| TITLE          | D                           |
| NAME           | OHLINGER, LES WILLIAM       |
| STREET ADDRESS | 582 OLD ULM CASCADE RD      |
| CITY-ST-ZIP    | CASCADE, MT 59421           |
| 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 complies with the filing fees set forth in Chapter 110, 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 of this report, or in an attachment with an address, with all other fees empowered.

SIGNATURE: *Joan Freeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOAN FREEMAN

DATE: 3/7/06  
PHONE: 954-739-2704