2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25274

Entity Name: LIN-LAINE, INC.

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 105 LAKE EMERALD DRIVE # 411 FORT LAUDERDALE, FL 33309 **New Mailing Address: Current Mailing Address:** P O BOX 9381 P O BOX 9381 FORT LAUDERDALE, FL 333109381 FORT LAUDERDALE, FL 33310 93 FEI Number: 65-0155463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREEMAN, JOAN 105 LAKE ÉMERALD DRIVE #411 FORT LAUDERDALE, FL 33309 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FREEMAN, FRANK, Name: Name: 105 LAKE EMERALD DRIVE #411 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: DST Title: () Change () Addition () Delete Name: FREEMAN, JOAN, Name: 105 LAKE EMERALD DRIVE #411 Address: Address: FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOAN E FREEMAN DST 03/02/2007

OHLINGER, LEE WILLIA, M

562 OLD ULM CASCADE RD

CASCADE, MT 59421

Name:

Address: City-St-Zip: