

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25274

Entity Name: LIN-LAINE, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

105 LAKE EMERALD DRIVE
411
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

P O BOX 9381
FORT LAUDERDALE, FL 33310 93

New Mailing Address:

105 LAKE EMERALD DRIVE
411
FORT LAUDERDALE, FL 33309

FEI Number: 65-0155463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, JOAN
105 LAKE EMERALD DRIVE #411
FORT LAUDERDALE, FL 33309 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: DP () Delete
Name: FREEMAN, FRANK,
Address: 105 LAKE EMERALD DRIVE #411
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DST () Delete
Name: FREEMAN, JOAN,
Address: 105 LAKE EMERALD DRIVE #411
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Delete
Name: OHLINGER, LEE WILLIA, M
Address: 562 OLD ULM CASCADE RD
City-St-Zip: CASCADE, MT 59421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FREEMAN, JOAN
Address: 105 LAKE EMERALD DRIVE #411
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change () Addition
Name: OHLINGER, LEE WILLIAM
Address: 562 OLD ULM CASCADE RD
City-St-Zip: CASCADE, MT 59421

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: JOAN FREEMAN

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date