


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90131 023 \*\*\*158.75

<b>DOCUMENT # L48014</b>	
1. Entity Name <b>LINJEN CORP.</b>	

Principal Place of Business <b>90 S. HIGHLAND AVE #1107 TARPON SPRINGS FL 34689 US</b>	Mailing Address <b>1324 SEVEN SPRINGS BLVD #307 NEW PORT RICHEY FL 34655 US</b>
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2. Principal Place of Business <b>1524 pennsylvania AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>same</b> Suite, Apt. #, etc.
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City & State <b>palm Harbor</b>	City & State <b>same</b>	4. FEI Number <b>59-2996843</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34683</b>	Country <b>US</b>	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>BRESLIN, RICHARD 90 S. HIGHLAND AVE #1107 TARPON SPRINGS FL 34689 1524 pennsylvania AVE palm Harbor FL 34683</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>BRESLIN, RICHARD</b>		NAME <b>1524 pennsylvania AVE</b>	
STREET ADDRESS <b>90 S. HIGHLAND AVE #1107</b>		STREET ADDRESS <b>palm Harbor</b>	
CITY-ST-ZIP <b>TARPON SPRINGS FL 34689</b>		CITY-ST-ZIP <b>Fla 34683</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BRESLIN, JENNIFER</b>		NAME	
STREET ADDRESS <b>90 S. HIGHLAND AVE #1107</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TARPON SPRINGS FL 34689</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowered.

SIGNATURE: Richard Breslin Date: 3-3-05 Daytime Phone #: 714-448-7001