2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48216

Title:

Name:

Address:

City-St-Zip:

FILED Feb 07, 2008 Secretary of State

Entity Nam	ie: LINEN SO	URCE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
5401 HANG TAMPA, FL	GAR COURT 33634				
Current Mailing Address:			New Mailing Address:		
5401 HANG TAMPA, FL	SAR COURT 33634				
FEI Number:	59-3001208	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
FRANZBLAN, R.M. 1102 CULBREATH ISLES DR TAMPA, FL 33609 US		FRANZBLAN, R.M. 1102 CULBREATH ISLES DR TAMPA, FL 33629 US			
The above in the State		ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:					
SIGNATUR				02/07/2008	
	Electroni	c Signature of Registered Agen	t	02/07/2008 Date	
	Electroni	c Signature of Registered Agen Trust Fund Contribution ().	t		
Election Cam	Electroni	Trust Fund Contribution ().			
Election Cam	Electroni paign Financing AND DIRECT	Trust Fund Contribution (). ORS: Delete RLO		Date	
Election Cam OFFICERS Title: Name: Address:	Electroni paign Financing AND DIRECT SD () FRANZBLAU, CA 5401 HANGAR C TAMPA, FL	Trust Fund Contribution (). ORS: Delete RLO T. Delete DEERT M.,	ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni paign Financing AND DIRECT SD () FRANZBLAU, CA 5401 HANGAR C TAMPA, FL PD () FRANZBLAU, RC 5401 HANGAR C TAMPA, FL	Trust Fund Contribution (). ORS: Delete RLO T. Delete DEERT M., T	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS: () Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT M. FRANZBLAU PD 02/07/2008

() Delete

FRANZBLAU, ÁLIX

5401 HANGAR CT

TAMPA, FL

() Change () Addition