


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M90837</b>			
1. Entity Name <b>LIN GARDEN, INC.</b>			
Principal Place of Business <b>9233 N. 56TH STREET TEMPLE TERRACE FL 33617</b>		Mailing Address <b>9233 N. 56TH STREET TEMPLE TERRACE FL 33617</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>ALTENHOFF, NORMAN R % FINANCIAL SERVICES COMPANY 8226 W. GULF BLVD #4 TREASURE ISLAND FL 33706</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>   Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)</small>			



1st MOORE CR2E034 (10/05)  
4. FEI Number **59-2901122** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>PHUONG DINH LY</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8720 MCADAM PLACE</b>	CITY- ST- ZIP <b>TAMPA FL 33634</b>	STREET ADDRESS	
		CITY- ST- ZIP	<b>U00000437029</b>
			<b>02/28/06 80026-013 150.00</b>
TITLE <b>VP</b>	NAME <b>NGA TO HUYNH</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8720 MCADAM PLACE</b>	CITY- ST- ZIP <b>TAMPA, FL 33634</b>	STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	
		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **01/13/06 (813) 988-2750**