


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000094200**

1. Entity Name  
**LIND WORLDWIDE, INC.**



Principal Place of Business  
**8208 ANDALUCIA COURT  
 ORLANDO, FL 32836**

Mailing Address  
**8208 ANDALUCIA COURT  
 ORLANDO, FL 32836**



01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3673335**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIND, JEFFREY  
 8208 ANDALUCIA COURT  
 ORLANDO, FL 32836**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and LLC if applicable. (NOTE: Registered Agent signature required when retitling)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

**U00000476801  
 04/06/06-80026-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIND, JEFFREY 8208 ANDALUCIA COURT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD LIND, MOLLY JO 8208 ANDALUCIA COURT ORLANDO, FL 32836
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Molly Jo Lind* **3/19/06 (407) 351-4125**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date to Print