2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 08:00 AM **DOCUMENT # P02000048454** Secretary of State 1. Entity Name LYNN'S SPIN'S INC. Principal Place of Business Mailing Address 11410 3RD AVE E 11410 3RD AVE E BRADENTON, FL 34212 BRADENTON, FL 34212 02182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0673913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent STOLTEBEN, PHYLLIS M DO NOT WRITE 11410 3RD AVE E BRADENTON, FL 34212 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE STOLTEBEN, PHYLLIS M NAME STREET ADDRESS 11410 3RD AVE E CITY-ST-ZIP BRADENTON, FL 34212 TITLE NAME U00000671000 03/28/07-80012-003 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS

SIGNATURE:

hyllis M. STOLTEBEN

FILED