



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90347 008 \*\*\*150.00

<b>DOCUMENT # P02000117240</b> 1. Entity Name <b>LINENHALL DEVELOPMENTS USA, INC.</b>																													
Principal Place of Business <b>134 BOUGHTON CHESTER CHESHIRE, XX CH3 5-BP</b>			Mailing Address <b>134 BOUGHTON CHESTER CHESHIRE, XX CH3 5-BP</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number <b>51-0446641</b> Applied For <input type="checkbox"/> Not Applicable																									
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>CONROY, J. THOMAS CONROY, COLEMAN &amp; HAZZARD, P.A. 2640 GOLDEN GATE PKWY STE 115 NAPLES, FL 34105</b>				7. Name and Address of New Registered Agent Name <b>Terri L. Bass</b> Street Address (P.O. Box Number is Not Acceptable) <b>1020 8th Avenue South, Suite #1</b> City <b>Naples, FL</b> <b>FL</b> <b>34102</b>																									
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 <u><i>Terri L. Bass</i></u> <u><i>Terri L. Bass</i></u> <u><i>4/26/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D BARROW, WILLIAM JOHN T</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>45 HADLOW RD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WILLASTON CHESHIRE, XX XX</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D BARROW, WILLIAM JOHN T	<input type="checkbox"/> Delete	NAME	45 HADLOW RD		STREET ADDRESS	WILLASTON CHESHIRE, XX XX		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Hestley</i></u> <u><i>4-6-06</i></u> <u><i>239-434-0989</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													