

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131882

FILED
Mar 27, 2004
Secretary of State

Entity Name: LINCHPIN CONSULTING INC.

Current Principal Place of Business:

20155 PORTO VITA WAY, UNIT 2703
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20155 PORTO VITA WAY, UNIT 2703
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 02-0656353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JAMES N
20155 PORTO VITA WAY, UNIT 2703
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, JAMES N
Address: 10604 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, JAMES N
Address: 20155 PORTO VITA WAY, UNIT 2703
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: JAMES N. SMITH

P

03/27/2004

Electronic Signature of Signing Officer or Director

Date