2006 FOR PROFIT CORPORATION

Jan 23, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P03000066517** 01-23-2006 90038 049 ***150.00 1. Entity Name LINEN COAST, INC. Principal Place of Business Mailing Address 1106 CAMELOT CIRCLE 1106 CAMELOT CIRCLE NAPLES, FL 34119 NAPLES, FL 34119 c/o Kelly, Passidomo, Alba & Cassner, LLP c/o Kelly, Passidomo, Alba & Cassner, LLP 2390 Tamiami Trail North 2390 Tamiami Trail North 01102006 Chg-P CR2E034 (11/05) Suite 204 Suite 204 Naples, FL 34103 Naples, FL 34103 4. FEI Number Applied For 55-0836108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASSNER, CURTIS B Cassner, Curtis B Street / KELLY PASSIDOMO ALBA & CASSNER LLP Kelly, Passidomo, Alba & Cassner, LLP 2640 GOLDEN GATE PARKWAY SUITE 305 2390 Tamiami Trail North NAPLES, FL 34105 Suite 204 City 1a Naples, FL 34103 8. The above named entity submits this statement for the purpose of changing its registered office of , and accept the obligations of registered agent 10 January 2006 Curtis B. Cassner, Attorney SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS NS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Same Title Change ☐ Addition Delete TITLE TITLE CASSNER, PEGGY K NAME NAME Same Name STREET ADDRESS STREET ADDRESS 1106 CAMELOT CIRCLE CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-7IP ☐ Addition ☐ Delete TITLE c/o Kelly, Passidomo, Alba & Cassner, LLP hange TITLE NAME 2390 Tamiami Trail North NAME Suite 204 STREET ADDRESS STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete iange TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 articless with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

Curtis B. Cassner

10 January 2006

239 261 3453

FILED

Date

Daytime Phone #