2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044774

Entity Name: LYNMO ENTERPRISES INC.

Current Principal Place of Business:	**New Principal Place of Business:**
263 NE TRIPLET DR CASSELBERRY, FL 32707	

Current Mailing Address:	**New Mailing Address:**
263 NE TRIPLET DR CASSELBERRY, FL 32707	

FEI Number: 04-3786990   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US	MICHAEL, BRIDGES C 420 E WARREN AVE LONGWOOD, FL 32750 US

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: MICHAEL C BRIDGES   08/14/2005
_____
               Electronic Signature of Registered Agent   Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: PSD ( ) Delete Name: LAYCHAK, LNYDA Address: 263 NE TRIPLET DR City-St-Zip: CASSELBERRY, FL 32707	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VTD ( ) Delete Name: SYKES, MONICA L Address: 263 NE TRIPLET DR City-St-Zip: CASSELBERRY, FL 32707	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

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: MONICA L SYKES   VTD   08/14/2005
_____
               Electronic Signature of Signing Officer or Director   Date