


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90049 006 ***150.00

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| DOCUMENT # P04000073240 |  |
| 1. Entity Name LINDEN TREE YARN INC. | |

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| Principal Place of Business 21031 WOODSPRING AVE BOCA RATON, FL 33428 | Mailing Address 21031 WOODSPRING AVE BOCA RATON, FL 33428 |
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| 2. Principal Place of Business 2000-3 Harrison St Suite, Apt. #, etc. | 3. Mailing Address 3725 Turtle Run Blvd Suite, Apt. #, etc. 313 |
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| City & State Hollywood, FL 33073 | City & State Coral Springs, FL | 4. FEI Number 20-0993463 | Applied For Not Applicable |
| Zip 33073 | Country USA | Zip 33067 | Country USA |



03112005 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent LINDEN, JUDY L 21031 WOODSPRING AVE BOCA RATON, FL 33428 | | 7. Name and Address of New Registered Agent Name Judy L. Linden Street Address (P.O. Box Number is Not Acceptable) 3725 Turtle Run Blvd Apt 313 City Coral Springs FL Zip Code 33067 | |
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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: Judy Linden DATE: 3/19/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LINDEN, JUDY L 21031 WOODSPRING AVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3725 Turtle Run Blvd Apt 313 Coral Springs, FL 33067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Judy Linden DATE: 3/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR