
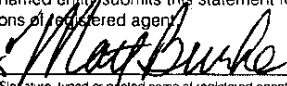



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90014 041 ***150.00

DOCUMENT # P04000075277 1. Entity Name LINT OUT, INC.					
Principal Place of Business 5113 BUTTE STREET LEHIGH ACRES, FL 33971 US			Mailing Address 5113 BUTTE STREET LEHIGH ACRES, FL 33971 US		
2. Principal Place of Business - No P.O. Box # 6200 Astoria Ave		3. Mailing Address 6200 Astoria Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ft. Myers FL 33905		City & State Ft. Myers FL		4. FEI Number 20-1102060	
Zip 33905		Country us		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, MATTHEW K 5113 BUTTE STREET LEHIGH ACRES, FL 33971			7. Name and Address of New Registered Agent Name Matthew K. Burke Street Address (P.O. Box Number is Not Acceptable) 6200 Astoria Ave City Ft. Myers FL Zip Code 33905		
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  Matthew K Burke 1-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, LAURIE A 5113 BUTTE STREET LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKE, LORIE A 5113 BUTTE STREET LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. BURKE, LORIE A 5113 BUTTE STREET LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BURKE, LORIE A 5113 BUTTE STREET LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, MATTHEW K 5113 BUTTE ST LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete			
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 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:  Lorie Burke <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
1/11/07 332-5468 <small>Date Daytime Phone #</small>					