

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099679

FILED
Aug 29, 2005
Secretary of State

Entity Name: L.I.N.D. INNOVATIVE ENTERPRISES, INC.

Current Principal Place of Business:

350 ALADDIN STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

350 ALADDIN STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROOKS, NOEL
350 ALADDIN STREET
OPA LOCKA, FL 33054 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: DP () Delete
Name: NOTICE, LAUREL
Address: 350 ALADDIN STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: VD () Delete
Name: CROOKS, NOEL
Address: 6510 SW 31 STREET
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: LAYNE, LONE
Address: 350 ALADDIN STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: TD () Delete
Name: BARTON, DIONNE
Address: 350 ALADDIN STREET
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LAYNE, IONE
Address: 350 ALADDIN STREET
City-St-Zip: OPA LOCKA, FL 33054

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: DIONNE BARTON

TD

08/29/2005

Electronic Signature of Signing Officer or Director

Date