

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101935

FILED
Apr 28, 2005
Secretary of State

Entity Name: LINDA LEE ENTERPRISES, INC.

Current Principal Place of Business:

LAVIGNE, COTTON & ASSOCIATES, P.A.
7087 GRAND NATIONAL DR - STE 100
ORLANDO, FL 32819

New Principal Place of Business:

LAVIGNE, COTON & ASSOCIATES, P.A.
7087 GRAND NATIONAL DR - STE 100
ORLANDO, FL 32819

Current Mailing Address:

LAVIGNE, COTTON & ASSOCIATES, P.A.
7087 GRAND NATIONAL DR - STE 100
ORLANDO, FL 32819

New Mailing Address:

LAVIGNE, COTON & ASSOCIATES, P.A.
7087 GRAND NATIONAL DR - STE 100
ORLANDO, FL 32819

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

Name and Address of Current Registered Agent:

LAVIGNE, JAMES R
7087 GRAND NATIONAL DR
STE 100
ORLANDO, FL 32819 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: D () Delete
Name: HORWOOD, JOHN WILLIAM
Address: FLAT 6,THE ESPLANADE, FRINTON ON SEA
City-St-Zip: ESSEX, ENGLAND, C013 9AS

Title: D (X) Delete
Name: ROYLE, LINDA
Address: 3 THORNFIELED ST, WEASTE, SALFORD
City-St-Zip: MANCHESTER, ENGLAND, M5 5FD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAVIGNE, JAMES R D
Address: 7087 GRAND NATIONAL DR., STE 100
City-St-Zip: ORLANDO, FL 32819 US

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: JAMES R. LAVIGNE, ESQ

D

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date