2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P04000102583 1. Entity Name 04-03-2006 90401 027 ***150 00 THE LINDEN GROUP, INC. Mailing Address Principal Place of Business 261 SE 12TH STREET 261 SE 12TH STREET POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 20-1422429 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT J. HICKOK, P.A. Street Address (P.O. Box Number is Not Acceptable) 2600 E COMMERCIAL BLVD STE 201B FORT LAUDERDALE FL 33308 City 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 DATE (NOTE: Registered Agent signature required when reinstation) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. President / Director Edward W. Linden Sn. 261 S.E. 12th Street ☐ Defete TITLE TITLE NAME LINDEN, EDWARD W STREET ADDRESS 261 SE 12TH STREET STREET ADDRESS Pompano Beach, Fl. 33060 POMPANO BEACH FL 33060 CITY-ST-7/P CITY-ST-ZIP Jeffrey A. Linden U.P. & Change 16 Mackenzie Court TIFLE Addition ☐ Delete NAME LINDEN, JEFFERY A NAME STREET ADDRESS STREET ADORESS 16 MACENZIE COURT Sewell, N.J. 08080 CITY - ST - ZIP CITY-ST-7IP SEWELL NJ 08080 ☐ Change ☐ Addition Delete TITLE TITLE NAME ARPIN, DON STREET ADDRESS 4920 N DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33334 ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 prospective 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.

Edward Linden Sr. 3-22-06

FILED