

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149046

Entity Name: LINDY GROUP HOLDINGS, INC.

FILED
Jan 07, 2007
Secretary of State

Current Principal Place of Business:

4802 SW29TH AVE
CAPE CORAL, FL 33909 US

New Principal Place of Business:

986 PACIFIC STREET
LINDENHURST, NY 11757 US

Current Mailing Address:

986 PACIFIC STREET
LINDENHURST, NY 11757 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BUGLIONE, ANDREW M
4802 SW 29TH AVE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

BUGLIONE, ANDREW M
986 PACIFIC STREET
LINDENHURST, NY, FL 11757 US

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: ANDREW M BUGLIONE

01/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUGLIONE, ANDREW
Address: 986 PACIFIC STREET
City-St-Zip: LINDENHURST, NY 11757 US

Title: VP () Delete
Name: CHIAVOLA, MICHAEL
Address: 9 JEROME STREET
City-St-Zip: LINDENHURST, NY 11757 US

Title: S&T () Delete
Name: MOLINARI, JOHN
Address: 40 ITHACA STREET
City-St-Zip: LINDENHURST, NY 11757 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MOLINARI, JOHN
Address: 40 ITHACA STREET
City-St-Zip: LINDENHURST, NY 11757 US

Title: SECT (X) Change () Addition
Name: MOLINARI, PATRICIA
Address: 40 ITHACA STREET
City-St-Zip: LINDENHURST, NY 11757 US

Title: TRES () Change (X) Addition
Name: BUGLIONE, VICTORIA M
Address: 986 PACIFIC STREET
City-St-Zip: LINDENHURST, NY 11757 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANDREW M BUGLIONE

PRES

01/07/2007

Electronic Signature of Signing Officer or Director

Date