2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P04000158649 1. Entity Name 04-27-2005 90391 001 ***150.00 THE LINTON SEAHORSE GROUP INC. 04-27-2005 90391 002 *****8.50 Principal Place of Business Mailing Address 1337 N 74TH TERR 1337 N 74TH TERR HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address 337 74 Suite Ant # Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For won d Not Applicable \$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 LINTON, SANDRA D 1337 N 74TH TERR HOLLYWOOD FL 33024 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, (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Vice President PST TITLE ☐ Delete TITLE NAME LINTON, SANDRA D NAME LINTON STREET ADDRESS 1337 N 74TH TERR STREET ADDRESS 337 N. 74 TER Hollowood FL 33024 HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 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 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 emprowered.

FILED