## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000027353

Name:

Address:

City-St-Zip:

BLAIR, THOMAS A

54025 JEANNIE ROAD - P O BOX 1670

CALLAHAN, FL 320111670 US

FILED Apr 10, 2008 Secretary of State

Entity Nar	ne: LINDS	EY DESIGN, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	PE DRIVE E VILLE, FL (	AST 322261207 US				
Current M	ailing Add	ress:	New Mail	New Mailing Address:		
	PE DRIVE E VILLE, FL (	AST 322261207 US				
FEI Number:	20-2364186	FEI Number Applied For (	) FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	f Current Registered Age	nt: Name and	Name and Address of New Registered Agent:			
	E DRIVE E	AST 322261207 US				
The above in the State	named enti of Florida.	ty submits this statement fo	r the purpose of changing	its registe	ered office or registered agent, or both,	
SIGNATUR						
Election Can		ronic Signature of Registere cing Trust Fund Contribution (	•		Date	
		-	,	UC (OLLAN	IOES TO OFFICERS AND DIRECTORS	
OFFICERS	אוט טוא	ECTORS:	ADDITIO	NS/CHAN	IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		( ) Delete IARK E E DRIVE EAST LLE, FL 322261207 US	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		() Delete ILARY A E DRIVE EAST LLE, FL 322261207 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	DS	( ) Delete	Title:	DS	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

BLAIR, THOMAS A

CALLAHAN, FL 320111670 US

P O BOX 1670

SIGNATURE: HILARY A. LINDSEY DT 04/10/2008