
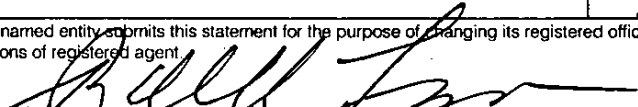
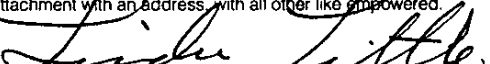


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90097 019 \*\*\*150.00

<b>DOCUMENT # P05000066176</b> 1. Entity Name <b>LINDJLIND INVESTMENT INC.</b>					
Principal Place of Business <b>1780 HYMOR DR DELAND, FL 32724</b>			Mailing Address <b>1780 HYMOR DR DELAND, FL 32724</b>		
2. Principal Place of Business - No P.O. Box # <b>2090 S. NOVA RD</b>		3. Mailing Address <b>2090 S NOVA RD</b>			
Suite, Apt. #, etc. <b>Suite AA05</b>		Suite, Apt. #, etc. <b>Suite AA05</b>			
City & State <b>Daytona Beach, FL</b>		City & State <b>Daytona Beach, FL</b>			
Zip <b>32115</b>	Country <b>USA</b>	Zip <b>32119</b>	Country <b>USA</b>	4. FEI Number <b>20-2869589</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, LINDA 1780 HYMOR DR DELAND, FL 32724</b>			7. Name and Address of New Registered Agent Name <b>Robert D. FRAZER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2090 S. NOVA RD</b> <b>Suite AA05</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32119</b>		
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 <b>4-29-07</b> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. JONES, LINDA</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. LINDA LITTLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2090 S. NOVA RD Suite AA05</b> <b>Daytona Beach, FL 32119</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.					
SIGNATURE: 			Date <b>4-29-07</b> Daytime Phone # <b>386-767-1242</b>		