

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 008 ***150.00

DOCUMENT # P05000082720					
1. Entity Name LINDEN SPRINGFIELD, CORP.					
Principal Place of Business 555 NE 15TH ST 7719 MIAMI, FL 33132			Mailing Address C/O ALEXANDER CPA 2 STOVE RD SUITE 2 PEEKSKILL, NY 10566		
2. Principal Place of Business - No P.O. Box # 8390 94th Street		3. Mailing Address 2 Stove Road			
Suite, Apt. #, etc.		Suite 2			
City & State Miami FL		City & State Peekskill NY		4. FEI Number 20-3024366	
Zip 33156		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBS, SALAAM REMI 555 NE 15TH STREET SUITE 7719 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name: Salaam Remi Gibbs Street Address (P.O. Box Number is Not Acceptable): 8390 SW 94th St City: Miami FL Zip Code: 33156		
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: <i>Isa Alexander CPA</i> DATE: 7/17/07 <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GIBBS, SALAAM REMI 8390 94TH STREET MIAMI, FL 33156	<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"/> Change <input type="checkbox"/> Addition			
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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: <i>Salaam Remi Gibbs</i>		7/17/07 914788-9128			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			