


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90029 006 ***150.00

EPDVNF0U\$ P06000055085 2/ Entity Name LIN'S BROTHER, INC.	
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Principal Place of Business 2151 LOCH RANE BLVD STE 2 ORANGE PARK, FL 32073	Mailing Address 2151 LOCH RANE BLVD STE 2 ORANGE PARK, FL 32073
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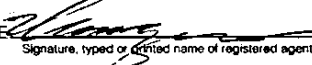
3/ Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	4/ Mailing Address Suite, Apt. #, etc.
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City & State	City & State	5/ FEI Number 20-5148663	Applied For Not Applicable
Zip	Country	Zip	Country

03012008 Di h.Q DS3F1451)23017*	
8/ Certificate of Status Desired <input type="checkbox"/>	%8/86 Beejipobm Gf1Sfrvjs e

7/ Obn f lboelBeesf t t lpgDvsf ouSf hjt u f s e lBhf ou LIN, ZHENGUO 5528 DOVER CREST LN JACKSONVILLE, FL 32258	8/ Obn f lboelBeesf t t lpgOf x lSf hjt u f s e lBhf ou Name LIN, ZHENGUO Street Address (P.O. Box Number is Not Acceptable) 2151 LOCH RANE BLVD STE 2 City ORANGE PARK FL GM Zip Code 32073
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9/ 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.

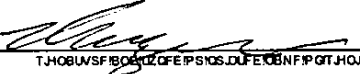
SIGNATURE  DATE 3/9/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 NbzlCf l Beef,elpIG f t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LIN, ZHENGUO 2151 LOCH RANE BLVD STE 2 ORANGE PARK, FL 32073 <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
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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

23/ 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.

TJHOBVFSF;  3/9/08

TJHOBVFSF BOKZ OFE P S N O S D L F E C E N F P G T J H O D H I P G G D F S I P S I E S F O U P S

Date Daytime Phone #