


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90106 042 \*\*\*150.00

<b>DOCUMENT # P96000060201</b>	
1. Entity Name D.J. LINCOLN ENTERPRISES, INC.	

Principal Place of Business 432 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 US	Mailing Address 432 W. BOYNTON BEACH BLVD BOYNTON BCH, FL 33435 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 100 1/2 NE 5th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite B
City & State	City & State Delray Beach
Zip	Country
33483	FLORIDA

40100



04252007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0681596	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, JOHN C 4800 NO FEDERAL HIGHWAY STE A-207 BOCA RATON, FL 33431
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 5/1/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LINCOLN, DARREN R
STREET ADDRESS	7 SOUTH HARBOUR DRIVE
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D <input type="checkbox"/> Delete
NAME	LINCOLN, JENNIFER E
STREET ADDRESS	7 SOUTH HARBOUR DRIVE
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.
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SIGNATURE: 	5-1-07	561 577,2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #