2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092689

Entity Name: LINDA SPIVEY, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

522 HWY. 92, SUITE 1 522 MAGNOLIA AVE, AUBURNDALE, FL 33823 SUITE 1

AUBURNDALE, FL 33823

Current Mailing Address: New Mailing Address:

522 HWY. 92, SUITE 1 522 MAGNOLIA AVE, AUBURNDALE, FL 33823 SUITE 1

AUBURNDALE, FL 33823

FEI Number: 59-3447926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIVEY, LINDA
522 HWY. 92, SUITE 1
522 MAGNOLIA AVE,
AUBURNDALE, FL 33823 US
SUITE 1

OBURNDALE, FL 33623 US SUITE T AUBURNDALE, FL 33823 US

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.

SIGNATURE: LINDA SPIVEY 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SPIVEY, LINDA
 Name:
 SPIVEY, LINDA

 Address:
 330 MEDERA STREET
 Address:
 330 MEDORA STREET

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:
 AUBURNDALE, FL 33823

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.

SIGNATURE: LINDA SPIVEY D 04/21/2009