2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 07, 2007 8:00 am Secretary of State DOCUMENT # P99000086526 05-07-2007 90062 028 ***158.75 1. Entity Name LINEN DISCOUNT, INC. 40100 Principal Place of Business Mailing Address 16491 N.W.49TH AVENUE 16491 N.W.49TH AVENUE MIAMI, FL 33014 MIAMI, FL 33014 05032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0958632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ABDELJABBAR, HANI A DO NOT WRITE 16401 N.W.49TH AVENUE MIAMI, FL 33014 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS PTD TITLE ABDELJABBAR, HANI A NAME 16401 N.W.49TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33014 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CJTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 of 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

FILED