


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90131 023 \*\*\*158.75

<b>DOCUMENT # L48014</b>	
1. Entity Name <b>LINJEN CORP.</b>	

Principal Place of Business <b>90 S. HIGHLAND AVE #1107 TARPON SPRINGS FL 34689 US</b>	Mailing Address <b>1324 SEVEN SPRINGS BLVD #307 NEW PORT RICHEY FL 34655 US</b>
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2. Principal Place of Business <b>1524 pennsylvania AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>same</b> Suite, Apt. #, etc.
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City & State <b>palm Harbor</b>	City & State <b>same</b>
Zip <b>34683</b> Country <b>US</b>	Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-2996843</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BRESLIN, RICHARD 90 S. HIGHLAND AVE #1107 TARPON SPRINGS FL 34689 1524 pennsylvania AVE palm Harbor FL 34683</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>BRESLIN, RICHARD</b>	
STREET ADDRESS <b>90 S. HIGHLAND AVE #1107</b>	
CITY-ST-ZIP <b>TARPON SPRINGS FL 34689</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete
NAME <b>BRESLIN, JENNIFER</b>	
STREET ADDRESS <b>90 S. HIGHLAND AVE #1107</b>	
CITY-ST-ZIP <b>TARPON SPRINGS FL 34689</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>1524 pennsylvania AVE</b>	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>palm Harbor</b>	
CITY-ST-ZIP <b>Fla 34683</b>	
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 exemption stated in Section 119.07(3)(i), 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: Richard Breslin Date: 3-3-05 Daytime Phone #: 714-448-7001