


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90002 016 ***158.75

DOCUMENT # P01000024250

1. Entity Name
THE LINDER GROUP, INC.



Principal Place of Business Mailing Address

100 N. CITRUS STREET **100 N. CITRUS STREET**
610 **SUITE 610**
WEST COVINA, CA 91791 **WEST COVINA, CA 91791**

2. Principal Place of Business 3. Mailing Address

990 N. Amelia Ave **990 N. Amelia Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sandimas CA 9 **San Dimas CA**

Zip Country Zip Country

91773 USA **91773 USA**



8. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.
13571 MCGREGOR BLVD #22
FORT MYERS, FL 33919

4. FEI Number Applied For

65-1077775 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDER, NATHAN 946 HYGEIA AVENUE ENCINITAS, CA 92024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDER, NATHAN 517 Hermes Avenue Encinitas, CA 92024 <input checked="" 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

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.

SIGNATURE: _____ Date: **8/9/06** Daytime Phone #: **909)4478254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR