2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004868

Entity Name: LINK2GOV CORP.

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business:			New Principal Plac	e of Business:	
ONE BURTO NASHVILLE		D., SUITE 300			
Current Mailing Address:			New Mailing Address:		
ONE BURTO NASHVILLE		D., SUITE 300			
FEI Number: 62-1868563 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:					
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State		domina this statement for the par	pose of changing its register	ed office of registered agent, or both,	
SIGNATURI					
	Electronic	Signature of Registered Agent	•	Date	
Election Camp	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MCDONALD, MA	LS VILLAGE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [MCCHESNEY, M 3400 PEACHTRE ATLANTA, GA 30	E RD. NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[QUARTERMAN, A 3400 PEACHTRE ATLANTA, GA 30	E RD. NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[LABRY, EDWAR 2525 HORIZON I MEMPHIS, TN 3	D .AKE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRASWELL, ED	LLS BLVD., SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HUNNICUTT, JOH	LLS BLVD., SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN HUNNICUTT S 01/10/2005