

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000523

FILED
Apr 16, 2009
Secretary of State

Entity Name: GLOBALINK MANUFACTURING SOLUTIONS, INC.

Current Principal Place of Business:

3893 MANNIX DRIVE
SUITE 517
NAPLES, FL 34114

New Principal Place of Business:

3893 MANNIX DRIVE
SUITE 514
NAPLES, FL 34114

Current Mailing Address:

3893 MANNIX DRIVE
SUITE 517
NAPLES, FL 34114

New Mailing Address:

3893 MANNIX DRIVE
SUITE 514
NAPLES, FL 34114

FEI Number: 48-1306232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLEY, WILLIAM F.
3893 MANNIX DRIVE
SUITE 517
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

POLLEY, WILLIAM F.
3893 MANNIX DRIVE
SUITE 514
NAPLES, FL 34114 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: _____

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: POLLEY, WILLIAM F.
Address: 3893 MANNIX DR., STE. 517
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: POLLEY, WILLIAM F.
Address: 3893 MANNIX DR., STE. 514
City-St-Zip: NAPLES, FL 34114

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: WILLIAM F POLLEY

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date