


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

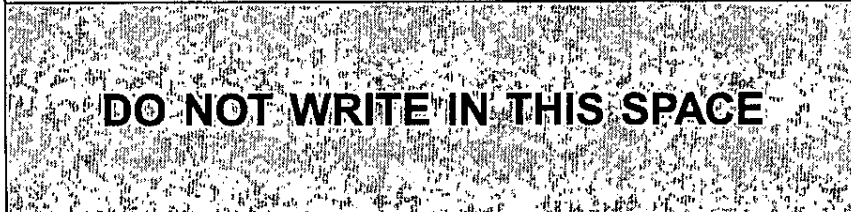
DOCUMENT # P0000028749

1. Entity Name
GLOBALINK ENTERPRISE, INC.



Principal Place of Business
**8655 SW 98TH ST RD
 SUITE G
 OCALA, FL 34481**

Mailing Address
**C/O FSU ACCOUNTING
 703 N MAIN ST, STE C
 SUMMERVILLE, SC 29483**



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3635440

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOUNT, THOMAS L
 8655 SW 98TH ST RD
 SUITE G
 OCALA, FL 34481**



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 07/11/06-80007-020 150.00

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

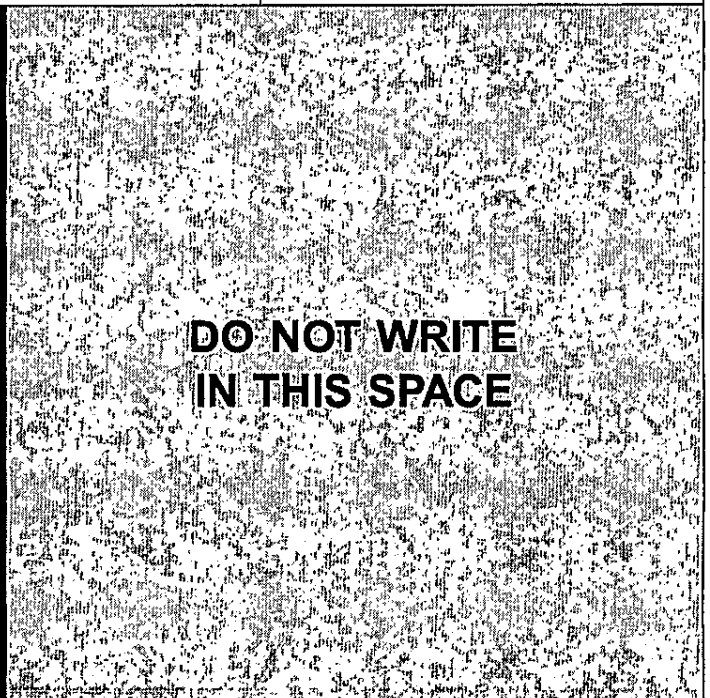
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006

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

TITLE	P
NAME	BLOUNT, NITA
STREET ADDRESS	8655 SW 98TH ST RD, SUITE G
CITY-ST-ZIP	OCALA, FL 34481
TITLE	D
NAME	BLOUNT, THOMAS
STREET ADDRESS	8655 SW 98TH ST RD, SUITE G
CITY-ST-ZIP	OCALA, FL 34481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



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: Nita Blount Nita Blount Date 7/5/06 352-207-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #