



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/22

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-22-2006 90048 008 ***158.75

DOCUMENT # P03000016253 1. Entity Name LYNK-UP, INC.			
Principal Place of Business 2061 FRAIR TUCK LANE ORANGE CITY, FL 32763		Mailing Address 2061 FRAIR TUCK LANE ORANGE CITY, FL 32763	
DO NOT WRITE IN THIS SPACE			
2. Name and Address of Current Registered Agent ENGLAND, DIAN 38 PLEASANT HILL DRIVE DEBARY, FL 32713		DO NOT WRITE IN THIS SPACE	
3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		4. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PT ENGLAND, DIAN 2061 FRIAR TUCK LANE ORANGE CITY, FL 32763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ENGLAND, TIMOTHY 2061 FRIAR TUCK LANE ORANGE CITY, FL 32763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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:  6-14-06 386-295-3147 <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #</small>			