2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90110 005 ***150.00

DOCUMENT # P04000024692

1. Entity Name
INTERLINK TECHNOLOGY SERVICES, INC.

Principal Place of Business	Mailing Address
11875 HIGH TECH AVENUE, SUITE 150 ORLANDO, FL 32817 US	11875 HIGH TECH AVENUE, SUITE 150 ORLANDO, FL 32817 US

04132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	PO Box 291241
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Port Orange, FL
Zip / Country	Zip: 32129 County: Volusia

4. FEI Number: 20-0701121 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COX, CATHERINE D
11875 HIGH TECH AVENUE, SUITE 150
ORLANDO, FL 33817

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS COX, CATHERINE D 105 MARGATE DRIVE DAVENPORT, FL 33897 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS Cox, Catherine D 11875 Hig Tech Avenue, Ste 150 Orlando, FL 33817 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Catherine D Cox 4/17/06 386-788-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IMPORTANT INSTRUCTIONS
• Make check payable to Florida Department of State
• Submit ... through a United States Bank.