

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028791

FILED  
Jul 08, 2010  
Secretary of State

Entity Name: MASTERLINK CORPORATION

**Current Principal Place of Business:**

3649 ALL AMERICAN BLVD  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

3649 ALL AMERICAN BLVD  
ORLANDO, FL 32810

**New Mailing Address:**

FEI Number: 65-0555111      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEISNER, KENT A  
1140 S. ORLANDO AVENUE  
K-18  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

WEISNER, KENT A  
3201 CULLEN LAKE SHORE DRIVE  
BELLE ISLE, FL 32812 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: \_\_\_\_\_

Electronic Signature of Registered Agent

07/08/2010

Date

**OFFICERS AND DIRECTORS:**

Title: CCEO  
Name: LANGFITT, SAMUEL E  
Address: 61 COUNTRY CLUB RD.  
City-St-Zip: COCOA BEACH, FL 32931

Title: PDS  
Name: WEISNER, KENT A  
Address: 3201 CULLEN LLKE SHORE DRIVE  
City-St-Zip: BELLE ISLE, FL 32812

Title: D  
Name: MCBRIDE, DENNIS K  
Address: 7421 SHREVE ROAD  
City-St-Zip: FALLS CHURCH, VA 22043

Title: VP  
Name: LEVINE, KENNETH M  
Address: 6090 SOUTH ATLANTIC AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 all other like empowered.

SIGNATURE: KENT A. WEISNER

Electronic Signature of Signing Officer or Director

PD

07/08/2010

Date