

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000027626

**FILED  
May 04, 2009  
Secretary of State**

**Entity Name:** TALK INK, INC.

**Current Principal Place of Business:**

12915 KINGS CROSSING DR  
GIBSONTON, FL 33534

**New Principal Place of Business:**

**Current Mailing Address:**

12915 KINGS CROSSING DR  
GIBSONTON, FL 33534

**New Mailing Address:**

**FEI Number:** 65-0666680      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHOENEWEISS, SALLY  
12915 KINGS CROSSING DR  
GIBSONTON, FL 33534    US

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

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

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHOENEWEISS, SALLY  
Address: 12915 KINGS CROSSING DR  
City-St-Zip: GIBSONTON, FL 33534

Title: V ( ) Delete  
Name: SCHOENEWEISS, SALLY  
Address: 12915 KINGS CROSSING DR  
City-St-Zip: GIBSONTON, FL 33534

Title: S ( ) Delete  
Name: SCHOENEWEISS, EMIL  
Address: 12761 DEVONSHIRE LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

Title: T ( ) Delete  
Name: SCHOENEWEISS, SALLY  
Address: 12915 KINGS CROSSING DR  
City-St-Zip: GIBSONTON, FL 33534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SCHOENEWEISS, EMIL  
Address: 12915 KINGS CROSSING DRIVE  
City-St-Zip: GIBSONTON, FL 33534

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SALLY SCHOENEWEISS

P

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date