2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 339404

1. Entity Name DESIGN LINK, INC.



FILED Mar 15, 2006 08:00 AM **Secretary of State**

Principal Place of Business

2208 PROSSER DR. TALLAHASSEE, FL 32310 Mailing Address

2208 PROSSER DR. TALLAHASSEE, FL 32310



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03022006 No Cha-P CR2E034 (11/05)

4. FEt Number 59-1229307 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EUGENE R. ELLIS JR. 1006TH E. 7TH AVE. TALLAHASSEE, FL 32303

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	named entity submits this statement for the purpose of chains of registered agent.	eanging its registered office or registered agent, or both, it	n the State of Florida. I am lamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent end title if explicable	(NOTE: Registered Agent signature required when reinstaling)	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

OFFICERS AND DIRECTORS 10. TITLE ELLIS JR.EUGENE NAME 1006TH E. 7TH AVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 7177 F NAME PROSSER, ANICE STREET ADDRESS 2208 PROSSER DR TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE ELLIS, MARY R. 1006TH E. 7TH AVE. STREET ADDRESS TALLAHASSEE, FL CITY-ST-ZIP 3.717 PROSSER, DAN 2208 PROSSER DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 TITLE STREET ACCORESS CITY-ST-ZIP TITLE STREET ADDRESS

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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 of 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR UNECTOR