## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000004755

Entity Name: POWERLINX, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:			
SUITE 300	STREET NOR SBURG, FL 33						
Current Mailing Address:			New Mailing Address:				
SUITE 300	STREET NOR SBURG, FL 3:						
FEI Number:	50-0006815	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desire	d()	
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Address of N	lew Registered Agent:		
		3700 BANK OF AMER.PLZ IS					
The above r		ıbmits this statement for the pur	pose of changing it	s registered o	ffice or registered agent,	or both,	
SIGNATUR	E:						
	Electronic	Signature of Registered Agent			Date		
		(2)(b), F.S., the corporation did not re	eceive the prior notice	).			
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	TOMLINSON, MII	ET NORTH, SUITE 300	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	BAUER, DOUGLA	ET NORTH, SUITE 300	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	WILLIAMS, JIM	Delete EET NORTH, SUITE 300 G, FL 33710	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SANCHEZ, FRAN	ET NORTH, SUITE 300	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TRABER, MARTY	ET NORTH, SUITE 300	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MCINTYRE, DOL	ET NORTH, SUITE 300	Title: Name: Address: City-St-Zip:	EDWARDS, BIL	REET NORTH, SUITE 300		

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS BAUER CFO 05/01/2006