


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90084 004 ***150.00

DOCUMENT # F02000003203 1. Entity Name AFFLINK INCORPORATED	
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Principal Place of Business 1400 AFFLINK PLACE TUSCALOOSA, AL 35406	Mailing Address 1400 AFFLINK PLACE TUSCALOOSA, AL 35406
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1201794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC MULLEN, ROBIN 1400 AFFLINK PLACE TUSCALOOSA, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUET, NATHAN 12500 WEST CREEK PARKWAY RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOCHIM, MIKE 7420 RANCO ROAD RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIELDS, SHERMAN H JR. 1400 AFFLINK PLACE TUSCALOOSA, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEDD, ROBERT 12500 WEST CREEK PARKWAY RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/15/05	Daytime Phone # (205) 344-4115
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