

2007 FOR PROFIT CORPORATION ANNUAL REPORT


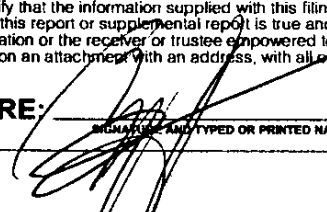
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Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 050 ***150.00

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03212007 Chg-P CR2E034 (12/06)

DOCUMENT # F02000004658			
1. Entity Name DEFAULT LINK, INC.			
Principal Place of Business 13800 MONTFORT DRIVE 155 DALLAS, TX 75240		Mailing Address 3185 S CONWAY ROAD A ORLANDO, FL 32812	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3185 S. Conway Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. E	
City & State		City & State Orlando, FL	
Zip	Country	Zip	Country
		32812	USA
6. Name and Address of Current Registered Agent HOSCH, ROBERT H JR 3203 S CONWAY ROAD ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SENCER, ERIC 13800 MONTFORT DR #155 DALLAS, TX 75240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/T Andrea Aylett-Hosch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3185 S. Conway Rd., Ste E Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, C. VICTOR JR. 3185 S CONWAY RD STE E ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, RICHARD 3185 S CONWAY RD, STE E ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARKEY, COLLEEN 3185 S CONWAY RD, STE E ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Angie Becker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3185 S. Conway Rd., Ste E Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSCH, ROBERT H JR. 3203 S. CONWAY RD. ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Robert H. Hosch, Jr. 3-26-07 407-381-5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	