


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000001253</b> 1. Entity Name CLEARLINK FINANCIAL SERVICES INC.	
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Principal Place of Business 2281 N. SHERIDAN WAY MISSISSAUGA ONTARIO CANADA L5K 2S3,	Mailing Address 2281 N. SHERIDAN WAY MISSISSAUGA ONTARIO CANADA L5K 2S3,
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**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3493558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD SUITE 508 MIAMI, FL 33156
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000277261  
03/26/05-80023-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERRILL, FRASER R 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRITTON, KAREN J 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, ROBERT 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS, R. BRIAN 2281 N. SHERIDAN WAY MISSISSAUGA, ONTARIO, OT L5K 2s3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLANAGAN, MICHAEL A 2281 N SHERIDAN WAY MISSISSAUGA, ON L5K 2S3,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **KAREN J. BRITTON** **MARCH 16, 2005** **(905) 855-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #