


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90037 043 \*\*\*\*50.00

<b>DOCUMENT # L05000116867</b> 1. Entity Name <b>POWER-LINK INNOVATIONS, LLC</b>					
Principal Place of Business <b>3641 CRAZY HORSE TRIAL ST. AUGUSTINE, FL 32086</b>			Mailing Address <b>3641 CRAZY HORSE TRIAL ST. AUGUSTINE, FL 32086</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LINDELL FARSON &amp; PINCKET, P.A. 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 32223</b>				7. Name and Address of New Registered Agent Name <b>Lindell Farson Pincket &amp; Davis, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12276 San Jose Blvd.</b> Suite 126 City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32223</b>	
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 <i>[Signature]</i> <b>for the Firm</b> <span style="float: right;">3/26/07</span> <small>Signature of individual or authorized representative of the entity and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROWLAND, RICHARD H 3641 CRAZY HORSE TR SAINT AUGUSTINE, FL 32086</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Richard H. Rowland</b> <span style="float: right;">3/28/7 (904) 794-1955</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					