

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 13, 2009
Secretary of State

DOCUMENT# N02000008533

Entity Name: LIFELINK INTERNATIONAL, INC.**Current Principal Place of Business:**20 CEDARWOOD COURT
PALM COAST, FL 32137**New Principal Place of Business:****Current Mailing Address:**PO BOX 354150
PALM COAST, FL 32135**New Mailing Address:****FEI Number:** 04-3721785**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**TURNER, DEBORAH V
20 CEDARWOOD COURT
PALM COAST, FL 32137 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: TURNER, MICHAEL S
Address: 20 CEDARWOOD CT.
City-St-Zip: PALM COAST, FL 32137**Title:** VD () Delete
Name: TURNER, DEBORAH V
Address: 20 CEDARWOOD CT.
City-St-Zip: PALM COAST, FL 32137**Title:** TD () Delete
Name: KILLORAN, JOHN
Address: 1295 WOODCREST LANE
City-St-Zip: ST. LOUIS, MO 63042**Title:** SD () Delete
Name: KIGHT, WILLIAM D DIRECTO
Address: 9279 TOPHILL COURT
City-St-Zip: JACKSONVILLE, FL 32225**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: GALBRAITH, STEPHEN P DIRECTO
Address: 373 PINE FOREST ROAD
City-St-Zip: ATLANTA, GA 30342**Title:** D () Change (X) Addition
Name: ROSSI, BRIAN D
Address: 3500 CURITIBA COURT
City-St-Zip: ALPHARETTA, GA 30022

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. TURNER

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date