2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N04000001495

Entity Name: THE LINK N FRIENDS INC

Current Principal Place of Business:

1007 RUSSELL AVE.
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

1007 RUSSELL AVE.
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 20-0709111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONGWILL, DIANE J
1009 RUSSELL AVE
INVERNESS, FL 34453 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:	D	( ) Delete
Name:	LONGWILL, DIANE J	
Address:	1007 RUSSELL AVE	
City-St-Zip:	INVERNESS, FL 34453 US	
Title:	P	( ) Delete
Name:	VICCIONE, ALBERT T	
Address:	1007 RUSSELL AVE	
City-St-Zip:	INVERNESS, FL 34453 US	
Title:	S	( ) Delete
Name:	FETTERS, SCOTT	
Address:	327 NORTH HOURGLASS TERRACE	
City-St-Zip:	CRYSTAL RIVER, FL 34429 US	
Title:	VP	( ) Delete
Name:	BRAEM, ERIK M	
Address:	2855 DORIS MARETTA LANE	
City-St-Zip:	HOMOSASSA, FL 34446 US	
Title:	T	( ) Delete
Name:	SHARP, ALVERA	
Address:	202 EDISON STREET	
City-St-Zip:	INVERNESS, FL 34452	

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
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	ENGLAND, TWYLA	
Address:	305 N HORSEPRAIRIE RD	
City-St-Zip:	INVERNESS, FL 34450	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANE LONGWILL DIR 05/05/2005
Electronic Signature of Signing Officer or Director — Date