


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N04000001495	
<b>1. Entity Name</b> THE LINK N FRIENDS INC	

<b>Principal Place of Business</b> 1007 RUSSELL AVE. INVERNESS FL 34453	<b>Mailing Address</b> 1007 RUSSELL AVE. INVERNESS FL 34453
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/05)
<b>4. FEI Number</b> 20-0709111	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  LONGWILL, DIANE J 1009 RUSSELL AVE INVERNESS FL 34453
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<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>SIGNATURE</b>	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D LONGWILL, DIANE J 1007 RUSSELL AVE INVERNESS FL 34453	
P VICCIONE, ALBERT T 1007 RUSSELL AVE INVERNESS FL 34453	<input type="checkbox"/> Delete
S FETTERS, SCOTT 327 NORTH HOURGLASS TERRACE CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete
VP BRAEM, ERIK M 2855 DORIS MARETTA LANE HOMOSASSA FL 34446	<input type="checkbox"/> Delete
T ENGLAND, TWYLA 305 N HORSEPRAIRIE RD INVERNESS FL 34450	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> 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 Section 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 617, 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.**

<b>SIGNATURE:</b> <i>Diane Longwill (Diane Longwill)</i>	<i>4/26/06</i>	<i>352-637-0956</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #