

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005246

FILED
May 02, 2006
Secretary of State

Entity Name: ETHNOSLINK, INC.

Current Principal Place of Business:

6623 SUPERIOR AVE
A--D
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

PO BOX 18351
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 65-0968266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

RAMIREZ, CARLOS
2103 BRUECKNER DRIVE
SARASOTA, FL 34231 US

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: RAMIREZ, CARLOS
Address: 2103 BRUECKNER DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: V () Delete
Name: BRANTLEY, RICHARD
Address: 4137 KING RICHARD DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: RAMIREZ, MAYRA A
Address: 2103 BRUECKNER DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: TD () Delete
Name: RUBIN, NANCY M
Address: 1488 FORAND CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS RAMIREZ

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date