2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000172

Entity Name: GLOBAL GOLF LINKS, INC.

ROSCOE, SUSAN R

PALM BEACH GARDENS, FL 33418

23 DUNBAR RD

Name:

Address:

City-St-Zip:

FILED Jan 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11300 US HWY ONE STE 400 NORTH PALM BEACH, FL 33408 **New Mailing Address: Current Mailing Address:** 11300 US HWY ONE STE 400 NORTH PALM BEACH, FL 33408 FEI Number: 22-3700106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'CONNELL, EOGHAN 548 IVY AVE PALM BCH GARDENS, FL 33410 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition O'CONNELL, EOGHAN P Name: Name: 548 IVY AVE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition O'CONNELL, ANNE M Name: Name: 548 IVY AVE Address: Address: PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip: Title: Title: CFO () Delete () Change () Addition ROSCOE, MICHAEL R Name: Name: 23 DUNBAR RD Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANNE MARIE O'CONNELL VP 01/09/2004