## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P0000000172

Entity Name: GLOBAL GOLF LINKS, INC.

ROSCOE, SUSAN R

PALM BEACH GARDENS, FL 33418

23 DUNBAR RD

Name:

Address:

City-St-Zip:

FILED Jan 29, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4380 PGA BOULEVARD STE 101R PALM BEACH GARDENS, FL 33410 **New Mailing Address: Current Mailing Address:** 4380 PGA BOULEVARD STE 101R PALM BEACH GARDENS, FL 33410 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 O'CONNELL, EOGHAN 4629 SPRUCE LN 4629 SPRUCE LN PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL 33418 US 334718 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: 01/29/2007 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: 4629 SPRUCE LN Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition O'CONNELL, ANNE M Name: Name: 4629 SPRUCE LN Address: Address: PALM BEACH GARDENS, FL 33418 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 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 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 01/29/2007