
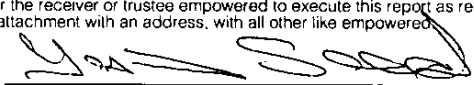


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90027 029 \*\*\*150.00

<b>DOCUMENT # P00000034579</b> 1. Entity Name <b>TRADEWAY LINK, INC.</b>					
Principal Place of Business <b>8064 N 56TH ST TAMPA, FL 33617</b>			Mailing Address <b>PO BOX 290382 TAMPA, FL 33687</b>		
2. Principal Place of Business - No P.O. Box # <b>4001 E Lake Ave</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b>		City & State		4. FEI Number <b>59-3642968</b>	
Zip <b>33610</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAAD, YASIN 6215 S QUENSWAY DRIVE TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent Name <b>Yasin Saad</b> Street Address (P.O. Box Number is Not Acceptable) <b>4001 E. LAKE AVE</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33610</b>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SAAD, YASIN 6215 S QUENSWAY DRIVE TAMPA, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD YASIN SAAD 4001 E. LAKE AVE TAMPA, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPST</del> <del>NOOR SAHAR</del> <del>19402 PAMPAS PL</del> <del>TAMPA FL 33617</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE 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 Chapter 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 607, 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> 		<b>4-8-08</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			