

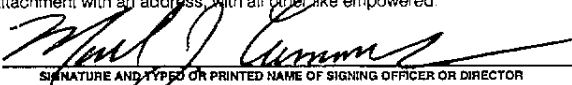


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

| | | |
|---|--|--|
| DOCUMENT # P01000020513 | |  |
| 1. Entity Name THE LINKS CLUBHOUSE, INC. | | |
| Principal Place of Business 1999 POINTE WEST DR. VERO BEACH, FL 32966 | | Mailing Address 1999 POINTE WEST DR. VERO BEACH, FL 32966 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 04252005 No Chg-P CR2E034 (10/03) | | |
| 4. FEI Number 65-1117715 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HATCH, IRA C ESQ 1701 HWY A1A, STE 220 VERO BEACH, FL 32963 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | UN00000360563 05/05/05-80038-004 61.25 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | I CAMMARENE, MARK 7510 14TH LANE VERO BEACH, FL 32966 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| DO NOT WRITE IN THIS SPACE | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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. | | |
| SIGNATURE:  | | 4/27/05 Date |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 772-794-2904 Daytime Phone * |