

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044384

Entity Name: RTKLINK CORPORATION

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

4380 ST. JOHNS PARKWAY
100
SANFORD, FL 32771

New Principal Place of Business:

911 NW 209 AVE.
103
PEMBROKE PINES, FL 33029

Current Mailing Address:

4380 ST. JOHNS PARKWAY
100
SANFORD, FL 32771

New Mailing Address:

911 NW 209 AVE.
103
PEMBROKE PINES, FL 33029

FEI Number: 59-3720726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLT, DAVID H
4380 ST. JOHNS PARKWAY
100
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

MASCIANTONI, SCOTT D
1830 NW 105 AVE.
PEMBROKE PINES, FL 33026 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: SCOTT D. MASCIANTONI

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASCIANTONI, SCOTT D
Address: 1830 NW 105 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: KNAPP, CHRISTOPHER C
Address: 31708 LOCH ALINE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: S () Delete
Name: LAFFREDI, WILLIAM J JR
Address: 1221 BONNEVILLE DRIVE
City-St-Zip: MORRISTOWN, TN 37814

Title: T () Delete
Name: HOLT, DAVID H
Address: 4380 ST JOHNS PARKWAY, SUITE 100
City-St-Zip: SANFORD, FL 32771

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: T (X) Change () Addition
Name: MASCIANTONI, SCOTT D
Address: 1830 NW 105 AVE.
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SCOTT D. MASCIANTONI

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date