2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034418

Entity Name: COMMUNITY LINKS, INC.

10310 SOUTH US HWY 441

BELLEVIEW, FL 34421

Address: City-St-Zip: FILED Apr 22, 2005 Secretary of State

Littly Nai	ine. Colvilvio	INIT I LINKS, INC.					
Current Principal Place of Business:			New P	New Principal Place of Business:			
	JTH US HWY W, FL 34421	441					
Current Mailing Address:			New N	New Mailing Address:			
PO BOX 3 BELLEVIE	031 W, FL 34421	3031					
FEI Number:	: 03-0421055	FEI Number Applied For()	FEI Number Not	Applicable ()	Certificate of Status Des	ired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	HILDA M JTH US HWY W, FL 34421	441 US					
	named entity e of Florida.	submits this statement for th	ne purpose of chang	ing its registere	ed office or registered age	nt, or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered	Agent		Date		
Election Car	npaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (SPOTTS, HILE 10310 SOUTH BELLEVIEW,	US HWY 441	Title: Name: Address City-St-2		() Change () Addition		
Title: Name: Address: City-St-Zip:	S (MORGAN, RO 10310 SOUTH BELLEVIEW,	US HWY 441	Title: Name: Address City-St-2	: 10310 SOL	(X) Change()Addition OSE MARIE JTH US HWY 441 W, FL 34421		
Title: Name:	T (SPOTTS, THO) Delete MAS E	Title: Name:		() 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.

Address:

City-St-Zip:

SIGNATURE: HILDA M. SPOTTS P 04/22/2005