

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000072229		
1. Entity Name AUTOLINK, INC.		

Principal Place of Business 800 SECOND AVE SOUTH SUITE 380 ST PETERSBURG, FL 33701	Mailing Address 800 SECOND AVE SOUTH SUITE 380 ST PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



02112006 No Chg-P CR2E034 (11/05)

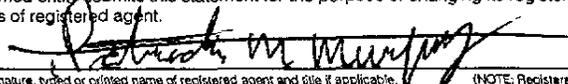
4. FEI Number 56-2401782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECOMPTE, MORRIS A
 800 SECOND AVE SOUTH
 SUITE 380
 ST PETERSBURG, FL 33701

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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) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

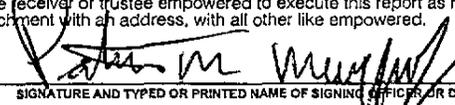
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, PATRICK M 7203 - 121ST TERRACE LARGO, FL 33733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LECOMPTE, MORRIS A 800 SECOND AVENUE SOUTH STE 380 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563470
05/20/06-80011-023 150.00

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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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____