2008 FOR PROFIT CORPORATION

FILED Apr 07, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P03000077950 LINC COMMUNICATION, INC. Principal Place of Business Mailing Address 8192 SE PEPPERCORN CT. P.O. BOX 1777 HOBE SOUND, FL 33455 US HOBE SOUND, FL 33475 US No Chg-P 02192008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0134835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OREIRO, FLORENCE DO NOT WRITE 8192 SE PEPPERCORN CT. HOBE SOUND, FL 33455 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 U000008835; Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE OREIRO, FLORENCE L NAME STREET ADDRESS 8192 SE PEPPERCORN CT. CITY-ST-ZIP HOBE SOUND, FL 33455 TITLE OREIRO, JOSEPH P NAME STREET ADDRESS 8142 SE PEPPERLORN COURT CITY-ST-719 HOBE SOUND, FL 33455 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: _

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

> Chew framer & okere o SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772 288-730 2

Daytime Phone #