2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125381

Entity Name: HOMELINK INVESTMENT GROUP, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

14702 OSPREY POINT DR. 13241 UNIVERSITY DRIVE

FORT MYERS, FL 33908 US 101

FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

14702 OSPREY POINT DR. 13241 UNIVERSITY DRIVE

FORT MYERS, FL 33908 US 1

FORT MYERS, FL 33907 US

FEI Number: 20-0357454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF S FL IN 13571 MCGREGOR BLVD \$22 FORT MYERS, FL 33919 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition

Name: HOLLAN, MINGO Name: CARTER, STACY

Address: 14702 OSPREY POINT DR Address: 13241 UNIVERSITYDRIVE SUITE 101

City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: FT MYERS, FL 33907

Title: VP () Delete Title: () Change () Addition Name: WALLEN, MARK Name:

Address: 11613 PLANTATION PRESERVE CIRCLE Address:
City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip:

Title: TREA () Delete Title: () Change () Addition

 Name:
 SPOSATO, JEREMY R
 Name:

 Address:
 145 SE 23RD TERR
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33990 US
 City-St-Zip:

Title: SEC (X) Delete Title: () Change () Addition

 Name:
 CHEVALIER, CID
 Name:

 Address:
 4902 SW 20TH PLACE
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33914 US
 City-St-Zip:

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.

SIGNATURE: STACY CARTER PRES 04/30/2004