2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR)					
DOCUMENT # P04000022783  1. Entity Name							
DIGITAL HOME LINK OF CENTRAL FLORIDA, INC.					FILED		
				Who will	06 OCT 31 PM 12: 12		
Principal Place of Business Mailing Address					The Mark and the Color		
1517 E. FOWLER AVENUE							
TAMPA FL 33612 TAMPA FL 33612				1 1 -			
Principal Place of Business     3. Mailing Address					300678875		
Suite, Apt. #, etc. Suite, Apt. #,			#, etc.		20d MOORE CR2E034 (4/06)		
City & State		City & State		····	AP-PLIED FOR Applied For Not Applicable		
Zip	Country			Iry	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KAI	KARLE, BRYAN				Name		
1517 E. FÖWLER AVENUE SUITE E				Street Address (P.O. Box Number is Not Acceptable)			
IA	MPA FL 33612			City	FL Zip Code		
9 The above	nomed at the cultivity the clatement for	the purpose of changing do re-	untored s	the or registered	agent, or both, in the State of Florida. If am familiar with, and accept the		
	of registered agent.	Aue barbose of chandling its red	gistereo c	mice or registered	agent, or both, in the State of Florida. Tam familiar with, and accept the		
OLONIA TUDE		2					
SIGNATURE	Signature, typed or purified name of registered agent a	nd title if applicable. (NOTE	Repstered	Agent signature required	r when renstrating) DATE		
FILE NOW.!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00							
DUE By September 6, 2006 late fee. By checking this box, the corporation certifies it did  9. Election Campaign Financing  \$5.00 May Be  Added to Fees							
make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00.							
10.	OFFICERS AND	,	11.	T	ADDY IONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	KARLE, BRYAN	□ Delete	TITLE		AREPRESIDENT & Change Addition		
STREET ADDRESS	6002 GRAND PALM DRIVE #432		NAM! STRE	ET ADDRESS 29	114 GANDY Blud . Unit E		
CITY-ST-ZIP	TAMPA FL 33647			-ST-ZIP	ampa, FL 33611		
TITLE		Delete	IIILE	I	☐ Change ☐ Addition		
NAME	h	201.	NAM	E	400090449324		
STREET ADDRESS CITY-ST-ZIP	N DE	(11)/		FT ADDRESS - ST - ZIP	10/04/0601006018 **S50.00		
TOTAL		☐ Delete	IIILE	!	Change ☐ Addution		
NAME STREET ADDRESS			NAM	et address	400080448324 19731/0601026009 **208.75		
City-St-ZIP	\ <i>,</i> -	<b>/</b>		-ST · ZIP	10.721/0601026909 ***208.75		
TITLE	\./	☐ Delete	TITLE	:	☐ Change ☐ Addition		
NAME			NAM	E			
STREET ADDRESS CITY-ST-7IP				ET ADDRESS · ST - ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAM	E	\		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS · ST - ZIP			
TITLE	/	☐ Delete	TITLE		Change Addition		
NAME OXIDET ADDRESS			NAME				
STREET ADDRESS CITY - ST - ZIP	/			ET ADDRESS - ST - ZIP			
12. I hereby o	Lertify that the information supplied with	this filing does not qualify for t	he exem	otions contained in	n Chapter 119, Florida Statutes. I turther 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.							
		11/			-//2/ 2/2 2/2 270		
SIGNATURE: SIGNATURE AND TITIES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TITIES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TITIES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							