2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000024692

1. Entity Name
INTERLINK TECHNOLOGY SERVICES, INC.

FILED
05 JUN 22 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
105 MARGATE DRIVE DAVENPORT, FL 33897 US	105 MARGATE DRIVE DAVENPORT, FL 33897 US

4/20/05 90356 003 **158.25
06162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 291241 Suite, Apt. #, etc.
City & State	City & State: Port Orange, FL
Zip / Country	Zip: 32127 Country: USA

4. FEI Number: 20-0701121 — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COX, CATHERINE D
105 MARGATE DRIVE
DAVENPORT, FL 33897

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, CATHERINE D 105 MARGATE DRIVE DAVENPORT, FL 33897	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cox, Catherine D. 105 Margate Drive Davenport, FL 33897	[ ] Change [X] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Catherine D Cox 6/20/05 386-761-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #