2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90110 005 ***150.00

DOCUMENT # P04000024692

1. Entity Name
INTERLINK TECHNOLOGY SERVICES, INC.

Principal Place of Business
11875 HIGH TECH AVENUE, SUITE 150
ORLANDO, FL 32817 US

Mailing Address
11875 HIGH TECH AVENUE, SUITE 150
ORLANDO, FL 32817 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
PO Box 291241
Suite, Apt. #, etc.
City & State
Port Orange, FL
Zip 32129
Country Volusia

04132006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0701121
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COX, CATHERINE D
11875 HIGH TECH AVENUE, SUITE 150
ORLANDO, FL 33817

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS COX, CATHERINE D 105 MARGATE DRIVE DAVENPORT, FL 33897 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Cox, Catherine D 11875 Hig Tech Avenue, Ste 150 Orlando, FL 33817 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: Catherine D Cox 3/17/06 386-788-7600
SIGNATURE TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

- Make check payable to Florida Department of State.
- Sign [illegible] **INSTRUCTIONS** [illegible] United States Bank.