2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 23, 2007 08:00 AN Secretary of State **DOCUMENT # P04000043438** 1. Entity Name VERVELINK, INC, Principal Place of Business Mailing Address 7662 SICILIA CT. 7662 SICILIA CT. NAPLES, FL 34113-2678 US NAPLES, FL 34113-2678 US 07232007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0861446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 8. The above righted entity subthits 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 obligation tered SIGNATURE ed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) in accordance with s. 607.193(2)(b), F.S., the 9. Election Campaign Financing \$<u>5</u>.00 May Be FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE FINNON, JASON W NAME 1906 SEVILLE BOULEVARD, SUITE 1822 STREET ADDRESS U00000772676 08/23/07-80004-020 150.00 CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS CITY-ST-ZIP 7111 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of trusted ampowered 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:

TITLE NAME STREET ADDRESS COTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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57-205-477