2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-06-2005 90114 015 ***158.75

DOCUMENT # P04000093312

1. Entity Name

MERITLINKS USA, INCORPORATED

Principal Place of Business	Mailing Address
5196 41ST STREET SOUTH ST. PETERSBURG FL 33711	5196 41ST STREET SOUTH ST. PETERSBURG FL 33711

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2473435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, JAMES L 5196 41ST STREET SOUTH ST. PETERSBURG FL 33711	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 $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

"D" INDICATES "DIRECTOR"

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, JAMES L 5196 41 ST STREET SOUTH ST. PETERSBURG, FL 33711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. EDWARDS, STEPHANIE L 5001 LAKE FRONT DRIVE - B-2 TALLAHASSEE, FL 32303 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOWENSKI, LISA K. 10190 109TH STREET NORTH SEMINOLE, FL 33772 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. SWAIN, CYNTHIA A. 6914 124TH TERRACE NORTH ST. PETERSBURG, FL 33710 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWAIN, NORMAN R. 6914 124TH TERRACE NORTH ST. PETERSBURG, FL 33710 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, TIFFANY A. 5196 41ST STREET SOUTH ST. PETERSBURG, FL 33711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. EDWARDS, GEORGE M. 5001 LAKE FRONT DRIVE - B2 TALLAHASSEE, FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

10. CONTINUED

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: James L Edwards April 2005 627 866-2183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #