2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095269

ORLANDO, FL 32837

City-St-Zip:

Entity Name: RECYCLINK, INCORPORATED

FILED Apr 04, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|---|---|--|
| | NNESOTA AV FL 32720 | E | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | NNESOTA AV FL 32720 | E | | |
| FEI Number | : 20-1388852 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| DELAND, The above in the State | NNESOTA AVE FL 32720 L named entity e of Florida. | JS | purpose of changing its registered | d office or registered agent, or both, |
| SIGNATU | | . 0. 1 (D . 1 14 | | |
| | | nic Signature of Registered Agg Trust Fund Contribution (). TORS: | | Date ES TO OFFICERS AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | D (ELLIOTT, LIND 2575 RUNYON ORLANDO, FL | CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | D (HUNT, PAUL 2575 RUNYON | Delete | Title: Name: Address: | () Change () Addition |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY ELLIOTT D 04/04/2007