



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000096565 1. Entity Name AKULINK TECHNOLOGIES INC	
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Principal Place of Business 261 OAK DRIVE ORMOND BEACH, FL 32176	Mailing Address 261 OAK DRIVE ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE


07162006 No Chg-P CR2E034 (11/05)
4. FEI Number
20-1913901
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

D'ADESKY, SERGE
25 COUNTRY CLUB DRIVE
ORMOND BEACH, FL 32176

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES D'ADESKY, SERGE 25 COUNTRY CLUB DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'ADESKY, CLARA 25 COUNTRY CLUB DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC D'ADESKY, SERGE 25 COUNTRY CLUB DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA D'ADESKY, SERGE 25 COUNTRY CLUB DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/25/06-80002-003 158.75
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IN THIS SPACE**

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: Serge D'Adesky Shard S. Sney 7/6/06 305 446 9286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #