2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# P04000110820

Entity Name: BUZZLINX, INC.

Current Principal Place of Business:

505 S. PINE ISLAND RD
SUITE 206
PLANTATION, FL 33324

New Principal Place of Business:

950 S. PINE ISLAND RD.
PLANTATION, FL 33324

Current Mailing Address:

P.O. BOX 550201
FT. LAUDERDALE, FL 33355 US

New Mailing Address:

FEI Number: 42-1639108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLAVANS, JOSS L MR.
505 S. PINE ISLAND RD
SUITE 206
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

KLAVANS, JOSS L MR.
P.O. BOX 550201
FT. LAUDERDALE, FL 33355 US

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.

SIGNATURE: JOSS KLAVANS 07/08/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KLAVANS, JOSS L MR
Address: 505 S. PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33324 BR

Title: VP ( ) Delete
Name: NUNEZ, SULAY
Address: 505 S. PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33324 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KLAVANS, JOSS L MR
Address: P.O BOX 550201
City-St-Zip: FT. LAUDERDALE, FL 33355 BR

Title: VP (X) Change ( ) Addition
Name: NUNEZ, SULAY
Address: P.O BOX 550201
City-St-Zip: FT. LAUDERDALE, FL 33324 BR

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSS KLAVANS P 07/08/2005
Electronic Signature of Signing Officer or Director Date