

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124891

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: NETWORK LINK COMMUNICATION, INC.

## Current Principal Place of Business:

4707 E BUSCH BLVD  
SUITE 105  
TAMPA, FL 33617

## New Principal Place of Business:

## Current Mailing Address:

8034 DEERWOOD CIR  
TAMPA, FL 33610

## New Mailing Address:

FEI Number: 20-1561866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAYALI, OSAMA S  
8034 DEERWOOD CIR  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,PT ( ) Delete  
Name: KAYALI, OSAMA S  
Address: 8034 DEERWOOD CIR  
City-St-Zip: TAMPA, FL 33610

Title: D,VP ( ) Delete  
Name: AL-KAYALI, SAMEH  
Address: 8034 DEERWOOD CIR  
City-St-Zip: TAMPA, FL 33610

Title: S ( ) Delete  
Name: AL-KAYALI, SAMEH  
Address: 8034 DEERWOOD CIR  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D,VP ( ) Change (X) Addition  
Name: AL KAYALI, SAMI S  
Address: 350 LAKEWOOD DRIVE # 216  
City-St-Zip: BRANDON, FL 33510

Title: T ( ) Change (X) Addition  
Name: AL KAYALI, SAMI S  
Address: 350 LAKEWOOD DRIVE # 216  
City-St-Zip: BRANDON, FL 33510

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: SAMI AL KAYALI

D,VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date