

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145905

Entity Name: INTERLINK GLOBAL, CORP.

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

6205 BLUE LAGOON DRIVE
SUITE 110
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6205 BLUE LAGOON DRIVE
SUITE 110
MIAMI, FL 33126

New Mailing Address:

FEI Number: 42-1655043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARDNER, STEVE
6205 BLUE LAGOON DRIVE
SUITE 110
MIAMI, FL 33126 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: VP () Delete
Name: GARDNER, STEVE M
Address: 6205 BLUE LAGOON DR.
City-St-Zip: MIAMI, FL 33126

Title: EVP () Delete
Name: SEVERINO, RIVANO
Address: 6205 BLUE LAGOON DR.
City-St-Zip: MIAMI, FL 33126

Title: EVP () Delete
Name: KENNETH, HOSFELD
Address: 6205 BLUE LAGOON DR
City-St-Zip: MIAMI, FL 33126

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: EVP (X) Change () Addition
Name: KENNETH, HOSFELD
Address: 6205 BLUE LAGOON DR
City-St-Zip: MIAMI, FL 33126 UA

Title: PRES () Change (X) Addition
Name: KYRIAKIDES, A. N PRES
Address: 6205 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: DIR () Change (X) Addition
Name: COTTON, TEO DIR
Address: 6205 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

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: A.N. KYRIAKIDES

PRES

03/29/2007

Electronic Signature of Signing Officer or Director

_____ Date