
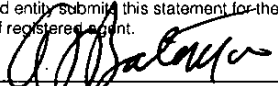
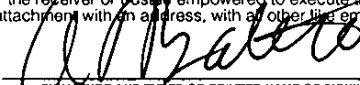


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90158 024 ***150.00

DOCUMENT # P05000020380 1. Entity Name LATERRA LINKS, INC.					
Principal Place of Business 4770 ALBERTON CT STE 2602 NAPLES, FL 34105			Mailing Address 4770 ALBERTON CT STE 2602 NAPLES, FL 34105		
2. Principal Place of Business 2245 Venetian Court		3. Mailing Address 2245 Venetian Court			
Suite, Apt. #, etc. Building 4		Suite, Apt. #, etc. Building 4			
City & State Naples, FL		City & State Naples, FL			
Zip 34109	Country USA	Zip 34109	Country USA	4. FEI Number 20-2315708	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. 821 FIFTH AVE S STE 201 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Bateman, Arthur L. Street Address (P.O. Box Number is Not Acceptable) 2245 Venetian Court, Bldg 4 City Naples FL Zip Code 34109	
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:  DATE: 1-2-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATEMAN, ARTHUR L 4770 ALBERTON CT STE 2602 NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2245 Venetian Court, Bldg 4 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DAN 5222 KENSINGTON HIGH ST NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2245 Venetian Court, Bldg 4 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 possessor 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 another line empowered.					
SIGNATURE: 		1-2-28-06		(239) 430-1012	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	