2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038454

Entity Name: CAREERLINX, INC

City-St-Zip:

BELLEAIR, FL 33756

FILED Jan 21, 2009 Secretary of State

Entity Nan	ne: CAREER	LINX, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11701 S BELCHER RD SUITE #116 LARGO, FL 33773				8760 SEMINOLE BOULEVARD SEMINOLE, FL 33772	
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
11701 S BELCHER RD SUITE #116 LARGO, FL 33773				8760 SEMINOLE BOULEVARD SEMINOLE, FL 33772	
FEI Number:	36-4570636	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PARKER, JAMES T 11701 S BELCHER RD SUITE #116 LARGO, FL 33773 US				PARKER, JAMES T 8760 SEMINOLE BOULEVARD SEMINOLE, FL 33772 US	
The above in the State		submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				01/21/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () PARKER, JAME 14242 84TH TE SEMINOLE, FL	RR N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PARKER, MATT 14242 84TH TE SEMINOLE, FL	RR N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () CLARK, KEITH 1108 PALMVIE	Delete	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JAMES T. PARKER PRES 01/21/2009