

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90089 046 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                                                                                                                                                      |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000065744</b><br>1. Entity Name<br><b>NOT THE WEAKEST LINK, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                                                      |                                                                                                  |
| Principal Place of Business<br>1627 RIVER REACH DRIVE<br>APT 23<br>ORLANDO, FL 32828                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | Mailing Address<br>1627 RIVER REACH DRIVE<br>APT 23<br>ORLANDO, FL 32828                                                                                                                                             |                                                                                                  |
| 2. Principal Place of Business<br><b>1627 RIVER REACH DRIVE</b><br>Suite, Apt. #, etc. <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | 3. Mailing Address<br><b>1627 RIVER REACH DR.</b><br>Suite, Apt. #, etc. <b>24</b>                                                                                                                                   |                                                                                                  |
| City & State<br><b>ORLANDO, FL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | City & State<br><b>ORLANDO, FL.</b>                                                                                                                                                                                  |                                                                                                  |
| Zip<br><b>32828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | Zip<br><b>32828</b>                                                                                                                                                                                                  |                                                                                                  |
| Country<br><b>ORANGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                | Country<br><b>ORANGE</b>                                                                                                                                                                                             |                                                                                                  |
| 4. FEI Number<br><b>37-150 9078</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                               |                                                                                                  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                |                                                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>EDWIN, PADILLA</b><br><b>1627 RIVER REACH DRIVE</b><br><b>APT 23</b><br><b>ORLANDO, FL 32828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | 7. Name and Address of New Registered Agent<br>Name <b>EDWIN PADILLA SR.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1627 RIVER REACH DRIVE APT. # 24</b><br>City <b>ORLANDO</b> FL <b>32828</b> |                                                                                                  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                      |                                                                                                  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                               |                                                                                                  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                |                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br><b>PADILLA, EDWIN</b><br><b>1627 RIVER REACH DRIVE APT 23</b><br><b>ORLANDO, FL 32828</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | P.<br><b>EDWIN PADILLA SR.</b><br><b>1627 RIVER REACH DRIVE #24</b><br><b>ORLANDO, FL. 32828</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>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 trustee 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 all other like empowered. |                                                                                                |                                                                                                                                                                                                                      |                                                                                                  |
| SIGNATURE: <b>Edwin Padilla</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | <b>EDWIN PADILLA</b>                                                                                                                                                                                                 |                                                                                                  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | <small>Date</small> <b>3/09/06</b> <small>Daytime Phone #</small> <b>(321) 278-4890</b>                                                                                                                              |                                                                                                  |