

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083157

FILED  
Jan 27, 2006  
Secretary of State

Entity Name: LINKMASTERS WIRELESS INC.

## Current Principal Place of Business:

6621 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

## New Principal Place of Business:

## Current Mailing Address:

6621 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

## New Mailing Address:

FEI Number: 20-2968596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, HUGH M  
6675 MILLSTONE DRIVE  
NEW PORT RICHEY, FL 34655 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: P ( ) Delete  
Name: MURPHY, HUGH M  
Address: 6675 MILLSTONE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: S ( ) Delete  
Name: MURPHY, KENTON S  
Address: 1428 SE 15TH STREET  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: T ( ) Delete  
Name: MCCABE, ANN D  
Address: 4330 MANXCAT LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: MCCABE, ANN D  
Address: 7831 BIRCHWOOD DRIVE  
City-St-Zip: PORT RICHEY, FL 34668 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: ANN D MCCABE

T

01/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date