## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083157

**Entity Name:** LINKMASTERS WIRELESS INC.

FILED May 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6621 STATE ROAD 54 1324 SEVEN SPRINGS BLVD. #305 NEW PORT RICHEY, FL 34653 US NEW PORT RICHEY, FL 34655 US

Current Mailing Address: New Mailing Address:

6621 STATE ROAD 54
NEW PORT RICHEY, FL 34653
US
1324 SEVEN SPRINGS BLVD #305
NEW PORT RICHEY, FL 34655
US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURPHY, HUGH M MCCABE, ANN D 6727 PARKSIDE DRIVE 6727 PARKSIDE DRIVE

NEW PORT RICHEY, FL 34655 US NEW PORT RICHEY, FL 34653 US

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: ANN D MCCABE 05/10/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 MURPHY, HUGH M
 Name:
 MURPHY, KENTON S

 Address:
 6675 MILLSTONE DRIVE
 Address:
 16426 GRANNES AVE

City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: BROOKSVILLE, FL 34614 US

Title: Title: () Delete (X) Change ( ) Addition MURPHY, ANN L Name: MURPHY, KENTON S Name: 1428 SE 15TH STREET 16426 GRANNES AVE Address: Address: CAPE CORAL, FL 33990 US BROOKSVILLE, FL 34614 US City-St-Zip: City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 MCCABE, ANN D
 Name:
 MCCABE, ANN D

 Address:
 7831 BIRCHWOOD DRIVE
 Address:
 6727 PARKSIDE DRIVE

City-St-Zip: PORT RICHEY, FL 34668 US City-St-Zip: NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE: ANN D MCCABE T 05/10/2007