

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 21, 2008  
Secretary of State**

DOCUMENT# P05000124096

Entity Name: SOUTHERN LINK TRANSPORTATION INC.

**Current Principal Place of Business:**

14498 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

**Current Mailing Address:**

14498 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601 US

**New Mailing Address:**

FEI Number: 20-3445784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GIORDANO, GARY  
14498 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601 US

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

FIELD, ALAN  
14498 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601 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: ALAN FIELD      09/21/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GIORDANO, GARY  
Address: 14498 PONCE DE LEON BLVD  
City-St-Zip: BROOKSVILLE, FL 34601 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: FIELD, ALAN  
Address: 14498 PONCE DE LEON BLVD  
City-St-Zip: BROOKSVILLE, FL 34601 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: ALAN FIELD      P      09/21/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date