2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State
01-29-2007 90075 039 ***150.00

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1. Entity Name
TRADE-LINK WORLDWIDE, INC.

1st MOORE CR2E034 (10/06)

Principal Place of Business	Mailing Address
100 BAYVIEW DRIVE ~~1228~~ 921 SUNNY ISLES BEACH FL 33160 US	100 BAYVIEW DRIVE ~~1228~~ 921 SUNNY ISLES BEACH FL 33160 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 BAYVIEW DRIVE	100 BAYVIEW DRIVE
Suite, Apt. #, etc. 921	Suite, Apt. #, etc. 921
City & State SUNNY ISLES BEACH	City & State SUNNY ISLES BEACH
Zip / Country 33160- / USA	Zip / Country 3160 / USA

4. FEI Number 02-0767495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KERBEL, LEE J 100 BAYVIEW DRIVE 1228 SUNNY ISLES BEACH FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERBEL, LEE J 100 BAYVIEW DRIVE, APT. 1228 SUNNY ISLES BEACH FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KERBEL, ANGELA R 100 BAYVIEW DRIVE, APT. 1228 SUNNY ISLES BEACH FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KERBEL, LEE D 100 BAYVIEW DRIVE, APT. 1228 SUNNY ISLES BEACH FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELON, JAMES 3 GREENWOOD STREET SHERBORN MA 01770 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lee J Kerbel JAN 23, 07 305.354-47 53
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 660023300
#1526802

Form **8822** (Rev. December 2005)
Department of the Treasury
Internal Revenue Service

Change of Address

▷ Please type or print.
▷ See instructions on back. ▷ Do not attach this form to your return.

OMB No. 1545-1163

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

1 ☒ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
▷ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here . . . . . ▷ ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▷ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▷ Decedent's name ▷ Social security number

3a Your name (first name, initial, and last name)	3b Your social security number
ANGELA R. KERBEL	229 31 1678
4a Spouse's name (first name, initial, and last name)	**4b Spouse's social security number**
LEE J. KERBEL	223 50 7328

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
100 BAYVIEW DRIVE, SUITE 1228, MIAMI, FL 33160	1228
6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	**Apt. no.**

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no
100 BAYVIEW DRIVE, SUITE 921, SUNNY ISLES BEACH, FLORIDA 33160	921

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

8 ☑ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
9 ☑ Employee plan returns (Forms 5500, 5500-EZ, etc.)
10 ☑ Business location

11a Business name	11b Employer identification number
TRADE-LINK WORLDWIDE, INC.	02 076 7495

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no
100 BAYVIEW DRIVE, SUITE 1228, MIAMI, FL 33160	1228
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no
100 BAYVIEW DRIVE, SUITE 921, SUNNY ISLES BEACH, FLORIDA 33160	921
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.	Room or suite no.
100 BAYVIEW DRIVE, SUNNY ISLES BEACH, FLORIDA 33160	921

Part III Signature

Daytime telephone number of person to contact (optional) ▸ (305) 354-4733

Sign Here

▷ Angela Kerbel 12.15.06
Your signature Date

▷ Angela Kerbel 12.15.06
If Part II completed, signature of owner, officer, or representative Date

▷ If joint return, spouse's signature Date

▷ Title