2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 8:00 am Secretary of State

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DOCUMENT # P06000077554 1. Entity Name PRIMELINK HOSPITALITY, INC.								03-21-2008	_			
Principal Place of Business			Mailing Address			'						
602 TOMOKA AVE ORMOND BEACH, FL 32174			602 TOMOKA AVE ORMOND BEACH, FL 32174				6600		8144 88 144 18811 11	7981 6 1181 6 1111 8 18	71884 11 288 1	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03042008	Chg-P	CR2E	034 (12/06)	
City & State			City & State					4. FEI Number Applied For 20-4969642 Not Applicable				
Zip	Zip Country		Zip	Zip		Country		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curren	t Register	red Agent				7. Name and	Address of New	Registered	Agent	
KASIM, SHAHID H						Name Street Add	ress (P.	O. Box Number	is Not Acceptab	ole)		
602 TOMOKA AVE ORMOND BEACH, FL 32174												
1						City				FI	Zip Cod	0
	named entit	y submits this statement (for the pur	pose of changing its	register	ed office or re	egistered	d agent, or both	, in the State of F		familiar with,	and accept
[_	_										
SIGNATURE												
SIGNATURE_	Signature, typed	for printed name of registered agen	nt and title if a	opticable. (NOT	E: Registere	ed Agent signature	required w	nen reinstating)		DATE		
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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 eath; 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 an other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 1 SIGNATURE AND TYPEU OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR X386-672-978,