

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136594

Entity Name: INTERLINQ SOLUTIONS, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

1485 INTERNATIONAL PARKWAY
SUITE 1071
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

1485 INTERNATIONAL PARKWAY
SUITE 1071
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 20-5795198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHAFFEY, JOHN D JR
2461 W STATE RD #1001
OVIEDO, FL 32765 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: D () Delete
Name: GENTZKE, PAUL C
Address: 1485 INTERNATIONAL PARKWAY SUITE 1071
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: STUMP, DENVER R
Address: 417 CENTRAL PARK DR
City-St-Zip: SANFORD, FL 32736

Title: D () Delete
Name: HORINE, ERIC
Address: 417 CENTRAL PARK DR
City-St-Zip: SANFORD, FL 32736

Title: D () Delete
Name: WEEKS, MICHAEL P
Address: 417 CENTRAL PARK DR
City-St-Zip: SANFORD, FL 32736

Title: D () Delete
Name: TENGSTEDT, MIKE S
Address: 417 CENTRAL PARK DR
City-St-Zip: SANFORD, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: PAUL C. GENTZKE

D

04/16/2008

Electronic Signature of Signing Officer or Director

Date