

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140967

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: TECHLINK SECURITY SYSTEMS, INC.

## Current Principal Place of Business:

4065 N HAVERHILL RD STE B3-311  
W PALM BCH, FL 33417

## New Principal Place of Business:

## Current Mailing Address:

4065 N HAVERHILL RD STE B3-311  
W PALM BCH, FL 33417

## New Mailing Address:

FEI Number: 20-5872662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LACOMBE, KATHLEEN  
4065 N HAVERHILL RD STE B3-311  
W PALM BCH, FL 33417 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: DP ( ) Delete  
Name: LACOMBE, KATHLEEN  
Address: 4065 N HAVERHILL RD STE B3-311  
City-St-Zip: W PALM BCH, FL 33417

Title: DV ( ) Delete  
Name: VALENTINO, FRANK  
Address: 4065 N HAVERHILL RD STE B3-311  
City-St-Zip: W PALM BCH, FL 33417

Title: DT ( ) Delete  
Name: LACOMBE, TIM  
Address: 4065 N HAVERHILL RD STE B3-311  
City-St-Zip: W PALM BCH, FL 33417

## 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:

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: KATHLEEN LACOMBE

DP

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date