

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082803

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GLOBAL REALTY LINK CORP.

## Current Principal Place of Business:

8359 BEACON BLVD.  
401  
FT. MYERS, FL 33907 US

## New Principal Place of Business:

21121 WILD HORSE DRIVE  
ALVA, FL 33920 US

## Current Mailing Address:

8359 BEACON BLVD.  
401  
FT. MYERS, FL 33907 US

## New Mailing Address:

P. O. BOX 711  
ALVA, FL 33920 US

FEI Number: 41-2245956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAINES, ZORA H  
8359 BEACON BLVD.  
FT. MYERS, FL 33907 US

## Name and Address of New Registered Agent:

HAINES, ZORA H  
21121 WILD HORSE DRIVE  
ALVA, FL 33920 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: ZORA H HAINES

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HAINES, ZORA H  
Address: 21121 WILD HORSE DRIVE  
City-St-Zip: ALVA, FL 33920 US

Title: SEC ( ) Delete  
Name: HAINES, ZORA H  
Address: 21121 WILD HORSE DRIVE  
City-St-Zip: ALVA, FL 33920 US

Title: TR ( ) Delete  
Name: HAINES, ZORA H  
Address: 21121 WILD HORSE DRIVE  
City-St-Zip: ALVA, FL 33920 US

## 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: ZORA H. HAINES

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date