

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082808

Entity Name: SPOT LINK, INC

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

157 MEDICI TERRACE  
NORTH VENICE, FL 34275

## New Principal Place of Business:

## Current Mailing Address:

157 MEDICI TERRACE  
NORTH VENICE, FL 34275

## New Mailing Address:

FEI Number: 26-0574151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MYERS, TROY H JR  
2033 MAIN ST STE 600  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

MARTA, GRANDE A  
157 MEDICI TERRACE  
NORTH VENICE, FL 34275 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: MARTA GRANDE

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: GRANDE, PHIL  
Address: 157 MEDICI TERRACE  
City-St-Zip: NORTH VENICE, FL 34275

Title: T ( ) Delete  
Name: GRANDE, MARTA  
Address: 157 MEDICI TERRACE  
City-St-Zip: NORTH VENICE, FL 34275

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRANDE, PHIL  
Address: 157 MEDICI TERRACE  
City-St-Zip: NORTH VENICE, FL 34275

Title: VP (X) Change ( ) Addition  
Name: GRANDE, MARTA  
Address: 157 MEDICI TERRACE  
City-St-Zip: NORTH VENICE, FL 34275

Title: S ( ) Change (X) Addition  
Name: GRANDE, PHIL  
Address: 157 MEDICI TERRACE  
City-St-Zip: NORTH VENICE, FL 34275

Title: T ( ) Change (X) Addition  
Name: GRANDE, MARTA  
Address: 157 MEDICI TERRACE  
City-St-Zip: NORTH VENICE, FL 34275

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: MARTA GRANDE

VP

04/21/2008

Electronic Signature of Signing Officer or Director

Date