

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90002 020 ***150.00

DOCUMENT # P07000132854 1. Entity Name WORLDLINK NET, INC.			
Principal Place of Business 657 NW PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983		Mailing Address 657 NW PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983	
2. Principal Place of Business - No P.O. Box # 23314 SW 54 Way		3. Mailing Address 23314 SW 54 Way	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B	
City & State Boca Raton		City & State Boca Raton	
Zip 33433		Zip 33433	
Country USA		Country USA	
4. FEI Number 26-1589439		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARDINHA, JARY 657 NW PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983		7. Name and Address of New Registered Agent Name Sardinha, Jary Street Address (P.O. Box Number is Not Acceptable) 23314 SW 54 Way Unit. B City Boca Raton FL Zip Code 33433	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Jary Sardinha 6/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SARDINHA, JARY 657 NW PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sardinha, Jary 23314 SW 54 Way Unit. B Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARDINHA, CIRLENE 657 NW PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sardinha, Cirlene 23314 SW 54 Way Unit. B Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Jary Sardinha 6/5/08 772-934-0164 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	