2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am Secretary of State DOCUMENT # P94000015752 1. Entity Name 02-17-2006 90083 017 ***158.75 XLINK ENTERPRISES, INC. Principal Place of Business Mailing Address 10700 75TH STREET N. P.O. BOX 3430 PINELLAS PARK FL 33780 LARGO FL 33777 2. Principal Place of Business 10151 15th STreeT 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3240428 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLOT, LINCOLN H JR Street Address (P.O. Box Number is Not Acceptable) 10700 75TH STREET N. LARGO FL 33777 -City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Addition NAME BRYAN, MICHAEL N NAME 25 HASTIERT N 10751 STREET ADDRESS 10700 75TH STREET N. STREET ADDRESS CITY-ST-ZIP **LARGO FL 33777** CITY-ST-ZIP □ enange ☐ Delete TITLE ☐ Addition TITLE NAME CHARLOT, LINCOLN H JR NAME 10751 75th STREET N STREET ADDRESS 10700 75TH ST N STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY - ST- 7IP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

balos L. H. CHARLOT, TR

ather like empowered.

if changed, or on an attachment with

SIGNATURE:

an address, with all

FILED