


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P94000030988		
1. Entity Name PENSION LINK, INC.		
Principal Place of Business 1177 HYPOLUXO RD FIRST FLOOR LANTANA, FL 33462-4244		Mailing Address 1177 HYPOLUXO RD FIRST FLOOR LANTANA, FL 33462-4244
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORE, DAVID W.D. 1177 HYPOLUXO RD FIRST FLOOR LANTANA, FL 33462-4244		DO NOT WRITE IN THIS SPACE
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 _____ <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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PVTs	
NAME	CORE, DAVID W D	
STREET ADDRESS	6965 N GRANDE DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/4/07 561-547-4800 <small>Date Daytime Phone #</small>



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0756557	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

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