


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90189 023 ***150.00

DOCUMENT # P94000046421	
1. Entity Name THE PEOPLE LINK, INC.	

Principal Place of Business 433 CLEVELAND STREET SUITE A CLEARWATER, FL 33755 US	Mailing Address C/O PERFECTLY BALANCED BOOKS 611 DRUID RD EAST-STE 403 CLEARWATER, FL 33756 US
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DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0523154	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

**LETTAU, KATHLEEN E
611 DRUID RD-STE 403
CLEARWATER, FL 33756**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENE, PAULA ANNE 611 DRUID RD, EAST-STE 403 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LETTAU, KATHLEEN 502 ORANGE VIEW AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres Janice Batey 423 Cleveland St Clearwater, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Janice Batey **4/29/05 727-445-9707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #