


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P94000083820 1. Entity Name WORLD LINK, LIMITED (LTD) (INC.)	
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01152007 No Chg-P CR2E034 (11/05)

Principal Place of Business 4137 LAKE MIRA DRIVE SUITE A ORLANDO, FL 32817	Mailing Address 4137 LAKE MIRA DRIVE SUITE A ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1853399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOUBA, JAMES J 4137 LAKE MIRA DRIVE SUITE A ORLANDO, FL 32817

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUBA, JAMES J 4137 LAKE MIRA DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUBA, CATHERINE A 4137 LAKE MIRA DRIVE ORLANDO, FL 32817
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**DO NOT WRITE
IN THIS SPACE**

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04/25/07-80053-006 150.00

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: James J. Houba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/07 4076572315
Date Daytime Phone #