


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90197 034 ***150.00

DOCUMENT # P95000006144	
1. Entity Name AUGLINK COMMUNICATIONS, INC.	

Principal Place of Business 2155 OLD MOULTRIE RD. 103 SAINT AUGUSTINE, FL 32086	Mailing Address 2155 OLD MOULTRIE RD. 103 SAINT AUGUSTINE, FL 32086
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3290996	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOBSON & BROWN 66 CUNA STREET SAINT AUGUSTINE, FL 32084		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORISSETTE, MAURICE		NAME SAME	
STREET ADDRESS 400 NIGHTHAWK LANE		STREET ADDRESS SAME	
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP SAME	
TITLE D	<input type="checkbox"/> Delete	TITLE DIRECTOR & VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELKUS, DAVID E		NAME SAME	
STREET ADDRESS 116 SAN RAFAEL RD		STREET ADDRESS SAME	
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP SAME	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOACH, H. ALEX		NAME	
STREET ADDRESS 3880 S.R. 214		STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE, FL 32092		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUSBAUM, CHARLES D		NAME	
STREET ADDRESS 3840 HICKORY LANE		STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE, FL 32086		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ **4/24/06 904824-1660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #