

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033581

Entity Name: INTERLINK CONSULTING SERVICES, INC.

FILED  
Feb 25, 2005  
Secretary of State

**Current Principal Place of Business:**

1712 BREAKERS WEST BLVD.  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:****Current Mailing Address:**

P O BOX 211302  
WEST PALM BCH, FL 33421302 US

**New Mailing Address:**

FEI Number: 59-3311932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNELL, THOMAS  
834 CEDAR COVE ROAD  
WEST PALM BEACH, FL 33414 US

**Name and Address of New Registered Agent:**

CONNELL, THOMAS  
1712 BREAKERS WEST BOULEVARD  
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE:

02/25/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONNELL, MARIA P  
Address: 1712 BREAKERS WEST BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: CONNELL, THOMAS III  
Address: 1712 BREAKERS WEST BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CONNELL

DR.

02/25/2005

Electronic Signature of Signing Officer or Director

Date