

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027626

Entity Name: TALK INK, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

12915 KINGS CROSING DR
GIBSONTON, FL 33534

New Principal Place of Business:

12915 KINGS CROSSING DR
GIBSONTON, FL 33534

Current Mailing Address:

12915 KINGS CROSING DR
GIBSONTON, FL 33534

New Mailing Address:

12915 KINGS CROSSING DR
GIBSONTON, FL 33534

FEI Number: 65-0666680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOENEWEISS, SALLY
12915 KINGS CROSSING DR
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOENEWEISS, SALLY
Address: 12915 KINGS CROSSING DR
City-St-Zip: GIBSONTON, FL 33534

Title: V () Delete
Name: SCHOENEWEISS, SALLY
Address: 12915 KINGS CROSSING DR
City-St-Zip: GIBSONTON, FL 33534

Title: S () Delete
Name: SCHOENEWEISS, RUDI
Address: 12915 KINGS CROSSING DR
City-St-Zip: GIBSONTON, FL 33534

Title: T () Delete
Name: SCHOENEWEISS, SALLY
Address: 12915 KINGS CROSSING DR
City-St-Zip: GIBSONTON, FL 33534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: SALLY SCHOENEWEISS

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date