2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035953

Name:

Address:

City-St-Zip:

1109 HALLAMWOOD CT

LAKELAND, FL 33813

Entity Name: SATELLITE PROLINK, INC.

FILED Mar 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2905 WINTER LAKE RD LAKELAND, FL 33803 **Current Mailing Address: New Mailing Address:** PO BOX 1718 EATON PARK, FL 338401718 FEI Number: 59-3455458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARTER, JULIE 2953 OXFORD AVENUE LAKELAND, FL 33803 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CARTER, JULIE Name: Name: 2953 OXFORD AVENUE Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: **PVPS** Title: () Delete (X) Change () Addition Name: CARTER, JULIE Name: CARTER, JOSEPH 2953 OXFORD AVENUE 2953 OXFORD AVENUE Address: Address: LAKELAND, FL 33803 LAKELAND, FL 33803 City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition CARMAN, SALLY DAVIS, CHARLOTTE Name: Name: 2823 GARY LANE P O BOX 5312 Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33807-531 Title: (X) Delete Title: () Change () Addition DAVIS, CHARLOTTE O

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JULIE CARTER **PRES** 03/21/2006