2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: >

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P96000092743 1. Entity Name YOURLINK, INC. Principal Place of Business Mailing Address 204 E GARFIELD AVENUE COCOA BEACH FL 32931 204 E GARFIELD AVENUE COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3426474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADLEY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 204 E. GARFIELD AVE COCOA BEACH FL 32931 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition 000000292381 04/07/05-80067-023 150.00 NAME BRADLEY, GINA NAME STREET ADDRESS 204 E GARFIELD AVE STREET ADDRESS CITY-ST-ZIP COCOA FL 32922 CITY: ST-7(P THILE Delete TIME ☐ Change ☐ Addition BRADLEY, RICHARD NAME STREET ADDRESS 204 E GARFIELD AVE STREET ADDRESS CITY-ST-ZIP **COCOA FL 32922** CHY-ST-ZIP THLE S ☐ Delete TITLE ☐ Change Addition NAME BRADLEY, RICHĀRD A NAME STREET ADDRESS. 204 E GARFIELD AVE STREET ADDRESS CITY - ST - ZIP COCOA BEACH FL 32931 CITY-ST-7(P TITLE Delete TITLE Change ☐ Addition BRADLEY, GINA NAME NAME 204 E. GARFIELD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-\$1-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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 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 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.

FILED