

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100527

FILED
Apr 28, 2009
Secretary of State

Entity Name: INTERLINK COMMUNICATION SYSTEMS, INC.

Current Principal Place of Business:

4400 140TH AVENUE NORTH, SUITE 250
CLEARWATER, FL 34622

New Principal Place of Business:

Current Mailing Address:

4400 140TH AVENUE NORTH, SUITE 250
CLEARWATER, FL 34622

New Mailing Address:

FEI Number: 59-3414305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POAD, MARTIN L
4400 140TH AVENUE NORTH, SUITE 250
CLEARWATER, FL 34622 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: DCT () Delete
Name: POAD, MARTIN L
Address: 4400 140TH AVENUE NORTH, SUITE 250
City-St-Zip: CLEARWATER, FL 34622

Title: D () Delete
Name: POAD, DIANE R
Address: 2148 LAURENCE DR
City-St-Zip: CLEARWATER, FL

Title: DVS () Delete
Name: SCOTT, WILLIAM A
Address: 2760 WESTCHESTER DR. N.
City-St-Zip: CLEARWATER, FL

Title: DP (X) Delete
Name: HIGGINS, ALAN E
Address: 2805 LUCE CIRLCE
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCT (X) Change () Addition
Name: POAD, MARTIN L
Address: 2148 LAURENCE DR
City-St-Zip: CLEARWATER, FL 34622

Title: DVS (X) Change () Addition
Name: SCOTT, WILLIAM A
Address: 2760 WESTCHESTER DR. N.
City-St-Zip: CLEARWATER, FL

Title: DP (X) Change () Addition
Name: HIGGINS, ALAN E
Address: 2805 LUCE CIRLCE
City-St-Zip: CLEARWATER, FL

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: WILLIAM SCOTT

DVS

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date