

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90088 027 \*\*\*150.00

DOCUMENT # P96000103302  
 1. Entity Name  
 DISTRIBUTOR'S LINK, INC.



Principal Place of Business  
 4297 CORPORATE SQUARE N  
 NAPLES, FL 34104

Mailing Address  
 4297 CORPORATE SQUARE N  
 NAPLES, FL 34104



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0721347

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COAR, LEO  
 4297 CORPORATE SQUARE N  
 NAPLES, FL 34104

**DO NOT WRITE IN THIS SPACE**

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]* DATE: 1/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COAR, LEO 4297 CORPORATE SQUARE N NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARZOCCHI, MARYANN 4297 CORPORATE SQUARE N NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: LEO COAR, PRES. Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR