

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103302

Entity Name: DISTRIBUTOR'S LINK, INC.

FILED  
Jan 25, 2012  
Secretary of State

**Current Principal Place of Business:**

4297 CORPORATE SQUARE N  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

4297 CORPORATE SQUARE N  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 65-0721347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COAR, LEO  
4297 CORPORATE SQUARE N  
NAPLES, FL 34104 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: COAR, LEO  
Address: 4297 CORPORATE SQUARE N  
City-St-Zip: NAPLES, FL 34104

Title: VSD  
Name: MARZOCCHI, MARYANN  
Address: 4297 CORPORATE SQUARE N  
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: LEO COAR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/25/2012

\_\_\_\_\_  
Date