

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90030 031 ***150.00

DOCUMENT # P98000005130		
1. Entity Name GOODWIN ASSOCIATES - LINK, INC.		

Principal Place of Business 230 ROYAL PALM WAY SUITE 408 PALM BEACH, FL 33480	Mailing Address 230 ROYAL PALM WAY SUITE 408 PALM BEACH, FL 33480
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60004270



2. Principal Place of Business 340 ROYAL POINCIANA WAY Suite, Apt. #, etc. Suite 317-320 City & State Palm Beach, FL Zip 33418	3. Mailing Address 340 ROYAL POINCIANA WAY Suite, Apt. #, etc. Suite 317-320 City & State Palm Beach, FL Zip 33418
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01112006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0860432	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOODWIN, ALAN R PH.D 230 ROYAL PALM WAY PALM BEACH, FL 33480	
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7. Name and Address of New Registered Agent Name Goodwin, Alan R Ph.D Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY Suite 317-320 City Palm Beach FL Zip Code 33418	
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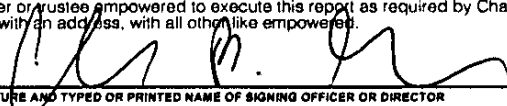
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, ALAN R 230 ROYAL PALM WAY, SUITE 408 PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 340 ROYAL POINCIANA WAY, SUITE 317-320 Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 1/14/06 (961) Daytime Phone #: 386-7600