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.

60004270

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

01112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
340 Royal Poinciana Way	340 Royal Poinciana Way
Suite, Apt. #, etc.: Suite 317-320	Suite, Apt. #, etc.: Suite 317-320
City & State: Palm Beach, Fl	City & State: Palm Beach, Fl
Zip: 33418 Country:	Zip: 33418 Country:

4. FEI Number 65-0860432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, ALAN R PH.D
230 ROYAL PALM WAY
PALM BEACH, FL 33480

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

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 ______________________________ DATE
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GOODWIN, ALAN R	NAME	
STREET ADDRESS	230 ROYAL PALM WAY,SUITE 408	STREET ADDRESS	340 Royal Poinciana Way, Suite 317-320
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	Palm Beach, Fl 33480
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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] 1/14/06 (561) 881-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #