


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91290 045 ***150.00

DOCUMENT # P98000022211 1. Entity Name DEFAULTLINK INVESTIGATIONS, INC.					
Principal Place of Business 5555 MICHIGAN AVE., STE 100 ORLANDO, FL 32812			Mailing Address 5555 MICHIGAN AVE., STE 100 ORLANDO, FL 32812		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3505363	
Zip 32822 Country		Zip 32822 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER, ANGELA E 5449 S. SEMORAN BLVD 235 ORLANDO, FL 32822			7. Name and Address of New Registered Agent Name <u>Becker, Angela</u> Street Address (P.O. Box Number is Not Acceptable) <u>5555 E. Michigan St., #100</u> City <u>Orlando</u> FL Zip Code <u>32822</u>		
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: <u>Angela E. Becker</u> <u>Angela E. Becker</u> <u>2/25/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAPER, VICTOR G 5449 SO SEMORAN BLVD., #235 ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Hosch, Robert H. Jr. 3185 S. Conway Rd., Suite E Orlando, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BECKER, ANGELA E 5449 SO SEMORAN BLVD #235 ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer Fowler, Richard 3185 S. Conway Rd., Suite E Orlando, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONOWHO, ERIC L 5449 SO SEMORAN BLVD #235 ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Secretary Butler, C. Victor 3185 S. Conway Rd., Suite E Orlando, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Richard Fowler</u> <u>Richard Fowler</u> <u>4/22/04</u> <u>(407) 384-4825</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					