

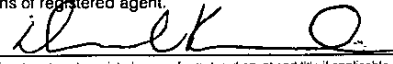
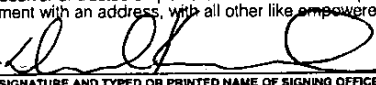


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90313 004 ***150.00

DOCUMENT # P98000050088																													
1. Entity Name PEER LINK PROGRAMS, INC.																													
Principal Place of Business 470 SE 29TH DRIVE HOMESTEAD, FL 33033			Mailing Address 470 SE 29TH DRIVE HOMESTEAD, FL 33033																										
2. Principal Place of Business 14105 SW 62 ST Suite, Apt. #, etc.		3. Mailing Address 14105 SW 62 ST Suite, Apt. #, etc.																											
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0844167																									
Zip 33183		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KROCHMAL, DAVID 470 SE 29 DRIVE HOMESTEAD, FL 33033				7. Name and Address of New Registered Agent Name DAVID KROCHMAL Street Address (P.O. Box Number is Not Acceptable) 14105 SW 62 ST City MIAMI FL Zip Code 33183																									
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 3/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KROCHMAL, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>470 SE 29 DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOMESTEAD, FL 33033</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	KROCHMAL, DAVID		STREET ADDRESS	470 SE 29 DRIVE		CITY-ST-ZIP	HOMESTEAD, FL 33033		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  DAVID KROCHMAL 3/8/05 786-229-7990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													