2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2005
Secretary of State

DOCUMENT# P99000015153

Entity Name: LINKMORE INC.

Current Principal Place of Business:

571 NW 195TH TERR.
MIAMI, FL 33023

New Principal Place of Business:

571 NW 195TH TERR.
MIAMI, FL 33169

Current Mailing Address:

571 NW 195TH TERR.
MIAMI, FL 33023

New Mailing Address:

571 NW 195TH TERR.
MIAMI, FL 33169

FEI Number: 65-0897364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, ERROL
571 NW 195TH TERR.
MIAMI, FL 33023 US

Name and Address of New Registered Agent:

MORRISON, ERROL
571 NW 195TH TERR.
MIAMI, FL 33169 US

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: ERROL MORRISON 05/08/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRISON, ERROL
Address: 571 NW 195TH TERR.
City-St-Zip: MIAMI, FL 33023

Title: SD ( ) Delete
Name: MORRISON, EVELYN
Address: 571 NW 195TH TERR.
City-St-Zip: MIAMI, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORRISON, ERROL
Address: 571 NW 195TH TERR.
City-St-Zip: MIAMI, FL 33169

Title: SD (X) Change ( ) Addition
Name: MORRISON, EVELYN
Address: 571 NW 195TH TERR.
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERROL MORRISON PD 05/08/2005
Electronic Signature of Signing Officer or Director Date