


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000111946
1. Entity Name
NETLINK TECHNOLOGIES INTEGRATED, INC.



Principal Place of Business Mailing Address
4400 140TH AVENUE NORTH 4400 140TH AVENUE NORTH
SUITE 250 SUITE 250
CLEARWATER, FL 34622 CLEARWATER, FL 34622



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3631284 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POAD, MARTIN L
4400 140TH AVENUE NORTH
SUITE 250
CLEARWATER, FL 34622

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

TITLE	DCTP
NAME	POAD, MARTIN L
STREET ADDRESS	4400 140TH AVE N STE 250
CITY - ST - ZIP	CLEARWATER, FL 33762
TITLE	DS
NAME	POAD, DIANE R
STREET ADDRESS	4400 140TH AVE N STE 250
CITY - ST - ZIP	CLEARWATER, FL 33762
TITLE	DV
NAME	SCOTT, WILLIAM A
STREET ADDRESS	4400 140TH AVE N STE 250
CITY - ST - ZIP	CLEARWATER, FL 33762
TITLE	DV
NAME	HIGGINS, ALAN E
STREET ADDRESS	4400 140TH AVE N STE 250
CITY - ST - ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/04/06-80024-016 150.00

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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: William A. Scott William A. Scott 3/15/06 727-524-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #