2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S30749

1. Entity Name
COMPULINK CABLE ASSEMBLIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1205 GANDY BLVD, N ST PETERSBURG, FL 33702 US	1205 GANDY BLVD, N ST PETERSBURG, FL 33702 US

DO NOT WRITE IN THIS SPACE

03032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3118888	Not Applicable

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

6. Name and Address of Current Registered Agent

SHEVLIN, STEPHEN
1205 GANDY BLVD, N
ST PETERSBURG, FL 33702

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE, Registered Agent signal ire required when reinstating)   DATE

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	000000543738 05/11/06--80005-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEVLIN, STEPHEN
STREET ADDRESS	1616 HUNTINGTON PL
CITY-ST-ZIP	SAFETY HARBOR, FL

TITLE	VPD
NAME	WILKIN, ROBERT
STREET ADDRESS	2412 HAMPTON LN W
CITY-ST-ZIP	SAFETY HARBOR, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____ Stephen Shevlin _____   4/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #