


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

6500-00

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| DOCUMENT # V46460 1. Entity Name SEA LINK INTERNATIONAL IRB, INC. |  |
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| Principal Place of Business 13151 66TH ST. N. LARGO, FL 33773 US | Mailing Address 13151 66TH ST. N. LARGO, FL 33773 US |
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-3130799 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

McFARLAND, SCOTT J
204 HIGHLAND WOODS DRIVE
SAFETY HARBOR, FL 34695

**DO NOT WRITE
IN THIS SPACE**

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDTS McFARLAND, SUSAN 204 HIGHLAND WOODS DRIVE SAFETY HARBOR, FL 34695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD McFARLAND, SCOTT J 204 HIGHLAND WOODS DRIVE SAFETY HARBOR, FL 34695 |
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04/01/08-80009-020 150.00

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