

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102317

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: T3 LINK INC.

## Current Principal Place of Business:

914 WEST 26TH STREET  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## New Mailing Address:

914 WEST 26TH STREET  
LYNN HAVEN, FL 32444

## Current Mailing Address:

9925 HAYNES BRIDGE RD  
SUITE 224  
ALPHARETTA, GA 30022

FEI Number: 65-0887787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHREE, JAMES  
914 WEST 26TH STREET  
LYNN HAVEN, FL 32444

## Name and Address of New Registered Agent:

COPPERTOP INDUSTRIES, INC.  
914 WEST 26TH STREET  
LYNN HAVEN, FL 32444

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: DAVID MURPHREE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MURPHREE, JAMES  
Address: 914 WEST 26TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444

Title: C ( ) Delete  
Name: MURPHREE, TOM  
Address: 914 WEST 26TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MURPHREE, JAMES  
Address: 914 WEST 26TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444

Title: CEO (X) Change ( ) Addition  
Name: MURPHREE, TOM  
Address: 914 WEST 26TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444

Title: CFO ( ) Change (X) Addition  
Name: MURPHREE, DAVID  
Address: 914 WEST 26TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444

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: DAVID MURPHREE

CFO

04/30/2004

Electronic Signature of Signing Officer or Director

Date