

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000006371

1. Entity Name  
 INDEPENDENT TECHNOLOGIES, INC.



Principal Place of Business  
 11422 MIRACLE HILLS DR  
 SUITE 500  
 OMAHA, NE 68154

Mailing Address  
 11422 MIRACLE HILLS DR  
 SUITE 500  
 OMAHA, NE 68154



03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 47-0685933	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

SMITH, HANK  
 2835 N HWY A1A  
 INDIALANTIC, FL 32903

**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

*Signature, typed or printed name of registered agent and title if applicable.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP INGALSBE, DARYL E 11422 MIRACLE HILLS DRIVE, SUITE 500 OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST O'DELL, TIMOTHY S 11422 MIRACLE HILLS DR OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, HENRY L 2835 N HWY A1A INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INGALSBE, DAVID L 11422 MIRACLE HILLS DR OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/31/05-80039-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/25/05 4024964700  
 Date Daytime Phone #