


**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F98000006371</b> 1. Entity Name INDEPENDENT TECHNOLOGIES, INC.	
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Principal Place of Business 11422 MIRACLE HILLS DR SUITE 500 OMAHA, NE 68154	Mailing Address 11422 MIRACLE HILLS DR SUITE 500 OMAHA, NE 68154
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07172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0685933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  SMITH, HANK 2835 N HWY A1A INDIALANTIC, FL 32903	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE          IN THIS SPACE</p>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME	CP INGALSBE, DARYL E
STREET ADDRESS CITY-ST-ZIP	11422 MIRACLE HILLS DRIVE, SUITE 500 OMAHA, NE 68154
TITLE NAME	VST O'DELL, TIMOTHY S
STREET ADDRESS CITY-ST-ZIP	11422 MIRACLE HILLS DR OMAHA, NE 68154
TITLE NAME	VPD SMITH, HENRY L
STREET ADDRESS CITY-ST-ZIP	2835 N HWY A1A INDIALANTIC, FL 32903
TITLE NAME	V INGALSBE, DAVID L
STREET ADDRESS CITY-ST-ZIP	11422 MIRACLE HILLS DR OMAHA, NE 68154
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
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 07/25/06-80016-006 150.00

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: *Timothy S O'Dell* 7/17/06 402494700

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