

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 005 ***150.00



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**



2. Principal Place of Business
11640 Arbor Street
 Suite, Apt. #, etc.
100

3. Mailing Address
11640 Arbor Street
 Suite, Apt. #, etc.
100

2nd MOORE CR2E034 (4/06)

City & State
OMAHA NE
 Zip
68144

City & State
OMAHA NE
 Zip
68144

4. FEI Number **47-0685933**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, HANK
 2835 N HWY A1A
 INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 <input type="checkbox"/> Delete 11422 MIRACLE HILLS DRIVE, SUITE 500 OMAHA NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST O'DELL, TIMOTHY S <input type="checkbox"/> Delete 11422 MIRACLE HILLS DR OMAHA NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, HENRY L <input type="checkbox"/> Delete 2835 N HWY A1A INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INGALSBE, DAVID L <input type="checkbox"/> Delete 11422 MIRACLE HILLS DR OMAHA NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11640 Arbor Street, #100 OMAHA, NE 68144</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11640 Arbor Street, #100 OMAHA, NE 68144</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11640 Arbor Street, #100 OMAHA, NE 68144</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Odell* **Timothy S. Odell** *8/29/06* **4024964700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #