

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90352 030 ***150.00

DOCUMENT # F99000002951

1. Entity Name
INTELLECTUAL TECHNOLOGY, INC.

Principal Place of Business Mailing Address
1945 CAMINO VIDA ROBLE, SUITE 0 **1945 CAMINO VIDA ROBLE, SUITE 0**
CARLSBAD CA 92008 **CARLSBAD CA 92008**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **84-1130227** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET, #200
MIAMI BEACH FL 33139

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DENICE, NICK	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, SUITE 0	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITCHIN, NICOLAS	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, SUITE 0	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULLER, WALTER	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, SUITE 0	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEECE, ROBERT	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, SUITE 0	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GRIM, JOHN	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, SUITE 0	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, CHRIS	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, SUITE 0	
CITY-ST-ZIP	CARLSBAD CA 92008	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG LITCHIN	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, STE 0	
CITY-ST-ZIP	CARLSBAD, CA 92008	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAD MORROW	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, STE. 0	
CITY-ST-ZIP	CARLSBAD, CA 92008	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE MCALL	
STREET ADDRESS	1945 CAMINO VIDA ROBLE, STE-0	
CITY-ST-ZIP	CARLSBAD, CA 92008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG LITCHIN PRESIDENT 2/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (760) 925-5785

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE