

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002951

FILED
Mar 14, 2011
Secretary of State

Entity Name: INTELLECTUAL TECHNOLOGY, INC.

Current Principal Place of Business:

1926 KELLOGG AVENUE
SUITE A
CARLSBAD, CA 92008

New Principal Place of Business:

Current Mailing Address:

1926 KELLOGG AVENUE
SUITE A
CARLSBAD, CA 92008

New Mailing Address:

FEI Number: 84-1130227 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS,, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LITCHIN, VASIL C
Address: 1001 LA PLUMA CT
City-St-Zip: SAN MARCOS, CA 92078

Title: D
Name: LITCHIN, NICHOLAS V
Address: 130 W. MAIN STREET, SUITE J
City-St-Zip: FORT WAYNE, IN 46802

Title: D
Name: FULLER, WALTER G
Address: 217 E RAILROAD ST
City-St-Zip: GARRETT, IN 46738

Title: D
Name: WELCH, CHRISTOPHER
Address: 8129 TILKUNI DRIVE
City-St-Zip: LAS VEGAS, NV 89149 US

Title: SECR
Name: MCGILL, GEORGE
Address: 1328 SUN VALLEY RD
City-St-Zip: SOLANA BEACH, CA 92075

Title: D
Name: HOLMES, GILBERT L
Address: 4466 BRAEDON WOOD
City-St-Zip: INDIANAPOLIS, IN 46228

I hereby 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 all other like empowered.

SIGNATURE: V. CRAIG LITCHIN

PRES

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date