2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# P00000029351

Entity Name: INTELLIGENXIA INC.

Current Principal Place of Business:

4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

New Principal Place of Business:

3100 UNIVERSITY BLVD., SOUTH
SUITE 240
JACKSONVILLE, FL 32216

Current Mailing Address:

4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

New Mailing Address:

3100 UNIVERSITY BLVD., SOUTH
SUITE 240
JACKSONVILLE, FL 32216

FEI Number: 59-3637161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHAN, USHA
4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MOHAN, USHA
3100 UNIVERSITY BLVD., SOUTH
SUITE 240
JACKSONVILLE, FL 32216 US

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: USHA MOHAN 05/04/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOHAN, USHA
Address: 212 BOBOLINK PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: MOHAN, RENGASWAMY
Address: 212 BOBOLINK PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: CLARKSON, CHARLES A
Address: 961 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: DEMETREE, JAY
Address: PO BOX 47050
City-St-Zip: JACKSONVILLE, FL 32247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: USHA MOHAN D 05/04/2004
Electronic Signature of Signing Officer or Director Date