FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # P0000096146							FILED			
Inteinsik, Inc							05 APR 28 PM 12: 25			
DO NOT WRITE IN THIS SPACE							SECRETARIO CO STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. 5258 Family Time Dr. Suite, Apt. #, etc.			3. Mailing Address P. D. BUX 60 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 6073 Suite, Apt. #, etc.			DO NOT WATERNITHIS MAYE 0 2 2005			
City & State Lahassel, FL.				lallahassee, 1-L.			4. FEI Number 59-30	81613	Applied For Not Applicable	
Zip 325	303	Country USA	^{Zip} 32314	Cour	XSA		5. Certificate of Status Desi	Fee Fee	.75 Additional Required	
DO NOT WRITE IN THIS SPACE					7. Name and Address of Current Registered Agent Name TURRA L. CARTER Street Address PQ Box Number is Not Acceptable) 5258 Family Tell Direction City Tallahassel FL Zin Code 32303					
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 SIGNATURE										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended U Make Check Payable					is \$550.00 is \$61.25	.00	10. Election Campaio	, , , , , , , , , , , , , , , , , , ,	\$5.00 May Be Added to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quin 5258 Tall	ton D. CARto Familia TREE D Whassee, FC. 32	ID DIRECTORS R , LED , President R. 1-303							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5258 Pamily Tech Ur			NAM STRI	TITLE S00054203565 NAME 05/10/0501039011 **150.00 CITY-ST-ZIP			\$5 *150.00		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	ess			- 6		DO NOT WRITE			E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					- I		IN THIS	SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP				CITY	ME EET ADDRESS (-ST-ZIP					
13. I hereby of indicated of the cor attachmen	certify that the on this reportation or on this reportation or onthis with an accordance of the control of the	ne information supplied work or supplemental report the receiver or trustee eddress, with all other like	with this filing does not qualify for t is true and accurate and that impowered to execute this end empowered.	or the exemple signal ort as fee	emption state ature shall ha quired by Cha	ed in Sect ive the sa apter 607	tion 119.07(3)(i), Fiorida Stat me legal effect as if made ur , Florida Statutes; and that r		that the information an officer or director Block 11 or on an	