
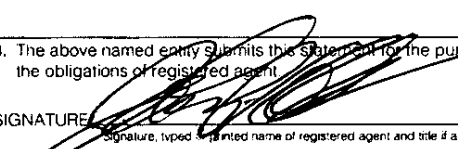
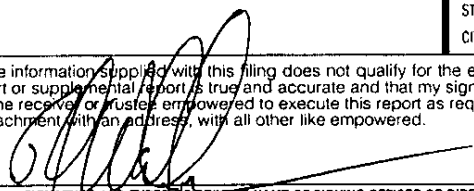


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90093 007 \*\*\*150.00

<b>DOCUMENT # P03000139837</b> 1. Entity Name <b>INGENUITY, INC.</b>					
Principal Place of Business <b>5827 CORPORATE WAY W PALM BEACH, FL 33407</b>			Mailing Address <b>5827 CORPORATE WAY W PALM BEACH, FL 33407</b>		
2. Principal Place of Business - No P.O. Box # <b>1524 S.W. 13<sup>th</sup> COURT</b>		3. Mailing Address <b>1524 S.W. 13<sup>th</sup> CT.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>POMPAHO BEACH, FL</b>		City & State <b>POMPAHO BEACH, FL</b>		4. FEI Number <b>30-0218491</b>	
Zip <b>33069</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WALMSLEY, SCOTT 5827 CORPORATE WAY W PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <b>1/8/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. WALMSLEY, SCOTT A PRESIDE 5827 CORPORATE WAY WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. ROBERT WATERS 2436 SE 9 <sup>th</sup> STREET POMPAHO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR MARTIN, LESLIE E 16 SLOANS CURVE DRIVE PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	