2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644889

Title:

Name: Address:

City-St-Zip:

FILED Jan 30, 2009 Secretary of State

Entity Name: INTI, INC. **Current Principal Place of Business: New Principal Place of Business:** 535 SOUTH JACKSON BARTOW, FL 33830 **Current Mailing Address: New Mailing Address:** P.O. BOX 990 P.O. BOX 990 BARTOW, FL 33830 BARTOW, FL 33831 FEI Number: 59-1965197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCMULLEN, WILLIAM G 535 SOUTH JACKSON BARTOW, FL 33830 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCMULLEN, WILLIAM GU, Y MCMULLEN, WILLIAM G PRES Name: Name: 8757 COUNTY LINE ROAD 8757 COUNTY LINE ROAD Address: Address: City-St-Zip: DELANO, MN 55328 City-St-Zip: DELANO, MN 55328 Title: TD Title: TD (X) Change () Addition () Delete ORROCK, JANE ORROCK, JANE TREAS Name: Name: 4424 MC FARLIN BLVD 4424 MC FARLIN BLVD Address: Address: DALLAS, TX 75205 DALLAS, TX 75205 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: SD () Delete SD WATKINS, JOAN WATKINS, JOAN SEC Name: Name: 6505 CHEROKEE TRAIL 6505 CHEROKEE TRAIL Address: Address: City-St-Zip: EDINA, MN 55439 City-St-Zip: EDINA, MN 55439

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD D ORROCK D 01/30/2009

() Delete

() Change (X) Addition

ORROCK, RICHARD D DIR

4424 MCFARLIN BLVD

DALLAS, TX 75205