2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# F01000003325

Entity Name: INTELLIGENT NETWORK FORUM INC.

Current Principal Place of Business:

901 MAIN ST., STE 6000
DALLAS, TX 75202

New Principal Place of Business:

Current Mailing Address:

2840 WEST BAY DRIVE
#104
BELLEAIR BLUFFS, FL 33770 US

New Mailing Address:

FEI Number: 75-2646996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, MONA
8640 PLAYERS COURT
LARGO, FL 33777 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: CP ( ) Delete
Name: LUDLAM, DAVID
Address: DISCOVERY COURT 551-553 WALLISDOWN RD.
City-St-Zip: POOLE DORSET UK BH125AG,

Title: VCV ( ) Delete
Name: SENGODAN, DR. SENTHIL
Address: 5 WAYSIDE RD., NOKIA RESEARCH CENTER
City-St-Zip: BURLINGTON, MA 01803

Title: DS ( ) Delete
Name: JOHNSON, MONA
Address: 12800 INDIAN ROCKS RD., STE 6
City-St-Zip: LARGO, FL 33774

Title: DT ( ) Delete
Name: WIENSKI, BOB
Address: 7400 WEST 129TH ST.
City-St-Zip: OVERLAND PARK, KS 66213

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA JOHNSON DS 02/14/2005

Electronic Signature of Signing Officer or Director — Date