

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F02000003020**

1. Entity Name  
**INTELLIKEY CORPORATION**



Principal Place of Business  
**4325 WOODLAND PARK DR.  
STE 102  
MELBOURNE, FL 32904**

Mailing Address  
**4325 WOODLAND PARK DR.  
STE 102  
MELBOURNE, FL 32904**



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0629236**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **S**  
NAME **BRAGG, GARY L**  
STREET ADDRESS **531 PLYMOUTH RD., SUITE 500**  
CITY-ST-ZIP **PLYMOUTH MEETING, PA 19462**

TITLE **C**  
NAME **VERGE, WILLIAM**  
STREET ADDRESS **329 PIACONE LANE**  
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **D**  
NAME **PITNER, SHANNON**  
STREET ADDRESS **410 N. MIRAMAR AVE.**  
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **M**  
NAME **CHHATWAL, SINGH**  
STREET ADDRESS **4325 WOODLAND PARK DR. STE 102**  
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE **D**  
NAME **WAGNER, WILLIAM**  
STREET ADDRESS **862 HAWKSBI ISLAND DR**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000722908  
05/02/07-80049-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 321-724-5595  
Date Daytime Phone #