

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002294

FILED  
Sep 07, 2004  
Secretary of State

Entity Name: INTELLIGENT INNOVATIONS, INC.

**Current Principal Place of Business:**

451 SLAUGHTER LANE  
CECILIA, KY

**New Principal Place of Business:**

**Current Mailing Address:**

451 SLAUGHTER LANE  
CECILIA, KY

**New Mailing Address:**

FEI Number: 61-1364780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIDA, JONATHAN  
3361 ROUSE ROAD, SUITE 175  
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

NIDA, JONATHAN  
3504 LAKE LYNDA DRIVE  
SUITE 185  
ORLANDO, FL 32817 US

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

09/07/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTC ( ) Delete  
Name: BIALCZAK, ROBERT  
Address: 451 SLAUGHTER LANE  
City-St-Zip: CECILIA, KY 42724

Title: VPVC ( ) Delete  
Name: NIDA, JONATHAN  
Address: 3361 ROUSE ROAD, SUITE 175  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPVC (X) Change ( ) Addition  
Name: NIDA, JONATHAN  
Address: 3504 LAKE LYNDA DRIVE, SUITE 175  
City-St-Zip: ORLANDO, FL 32817

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

SIGNATURE: ROBERT BIALCZAK

PSTC

09/07/2004

Electronic Signature of Signing Officer or Director

Date