

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003366

FILED
Apr 17, 2009
Secretary of State

Entity Name: INTELIDENT SOLUTIONS, INC.

Current Principal Place of Business:

2502 N. ROCKY POINT DR., STE. 1000
TAMPA, FL 33607

New Principal Place of Business:

2502 N. ROCKY POINT DR. N.
1000
TAMPA, FL 33607

Current Mailing Address:

2502 N. ROCKY POINT DR., STE. 1000
TAMPA, FL 33607

New Mailing Address:

2502 N. ROCKY POINT DR. N.
1000
TAMPA, FL 33607

FEI Number: 57-1220613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUIE, PATRICIA ESQ.
2502 N. ROCKY POINT DR., STE. 1000
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

HUIE, PATRICIA ESQ.
2502 N. ROCKY POINT DR. N.
1000
TAMPA, FL 33607 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:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DIASTI, TEREK
Address: 2502 N. ROCKY POINT DR., STE. 1000
City-St-Zip: TAMPA, FL 33607

Title: V () Delete
Name: DIASTI, ADAM
Address: 2502 N. ROCKY POINT DR., STE. 1000
City-St-Zip: TAMPA, FL 33607

Title: DCEO () Delete
Name: MARLER, THOMAS J
Address: 2502 N. ROCKY POINT DR., STE. 1000
City-St-Zip: TAMPA, FL 33607

Title: VC () Delete
Name: HUIE, PATRICIA
Address: 2502 N. ROCKY POINT DR., STE. 1000
City-St-Zip: TAMPA, FL 33607

Title: VT () Delete
Name: SMITH, MICHAEL T.
Address: 2502 N. ROCKY POINT DR., STE. 1000
City-St-Zip: TAMPA, FL 33607

Title: DCFO () Delete
Name: KELLY, DONALD T
Address: 2502 N. ROCKY POINT DR., STE. 1000
City-St-Zip: TAMPA, FL 33607

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:

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 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.

SIGNATURE: PATRICIA HUIE

ESQ.

04/17/2009

Electronic Signature of Signing Officer or Director

Date