2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: INTEZYNE TECHNOLOGIES, INC.

Current Principal Place of Business:

3720 SPECTRUM BOULEVARD
SUITE 104
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

3720 SPECTRUM BOULEVARD
SUITE 104
TAMPA, FL 33612

New Mailing Address:

FEI Number: 20-1253022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLT, ROBERT S
601 BAYSHORE BOULEVARD
SUITE 700
TAMPA, FL 33606 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: CEO
Name: SKAFF, HABIB
Address: 3720 SPECTRUM BLVD. #104
City-St-Zip: TAMPA, FL 33612

Title: CSO
Name: SILL, KEVIN
Address: 3720 SPECTRUM BLVD. #104
City-St-Zip: TAMPA, FL 33612

Title: D
Name: TROTMAN, JAMES
Address: 3720 SPECTRUM BLVD. #104
City-St-Zip: TAMPA, FL 33612

Title: D
Name: COLE, MICHEAL
Address: 3720 SPECTRUM BLVD. #104
City-St-Zip: TAMPA, FL 33612

Title: D
Name: GAGE, DONALD
Address: 3720 SPECTRUM BLVD. #104
City-St-Zip: TAMPA, FL 33612

Title: D
Name: FOUNTAIN, MICHAEL
Address: 3720 SPECTRUM BLVD. #104
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: HABIB SKAFF CEO 04/26/2011

Electronic Signature of Signing Officer or Director — Date