

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # F99000002951

1. Entity Name
INTELLECTUAL TECHNOLOGY, INC.



Principal Place of Business
**1926 KELLOGG AVENUE
SUITE A
CARLSBAD, CA 92008**

Mailing Address
**1926 KELLOGG AVENUE
SUITE A
CARLSBAD, CA 92008**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1130227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET, #200
MIAMI BEACH, FL 33139**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000779573
01/11/08-80043-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LITCHIN, VASIL C
STREET ADDRESS	1001 LA PLUMA CT
CITY-ST-ZIP	SAN MARCOS, CA 92069
TITLE	D
NAME	LITCHIN, NICOLAS V
STREET ADDRESS	6401 CONSTITUTION DR
CITY-ST-ZIP	FORT WAYNE, IN 46804
TITLE	D
NAME	FULLER, WALTER G
STREET ADDRESS	217 E RAILROAD ST
CITY-ST-ZIP	GARRETT, IN 46738
TITLE	D
NAME	MORROW, BRAD A
STREET ADDRESS	9025 E JENAN DR
CITY-ST-ZIP	SCOTTSDALE, AZ 852606827
TITLE	D
NAME	WELCH, CHRIS M
STREET ADDRESS	8129 TILKUNI DRIVE
CITY-ST-ZIP	LAS VEGAS, NV 89166
TITLE	D
NAME	HOLMES, GILBERT L
STREET ADDRESS	1501 W. WASHINGTON ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46228

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1-7-08

Date

760-976-9100

Daytime Phone #