


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # K57346 1. Entity Name INTERSAL, INC.	
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Principal Place of Business C/O GLENN HAFT 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION, FL 33324-4470 US	Mailing Address C/O GLENN HAFT 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION, FL 33324-4470 US
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0103990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, GLENN  
 1200 S. PINE ISLAND ROAD  
 SUITE 475  
 PLANTATION, FL 33324-4470

**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, 2007 Fee will be \$550.00**

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

1100000589128  
 01/18/07-80003-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTERS, PHILIP 104 STANTON RD. BEAUFORT, NC 28516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FIELDS, ALLAN N 4141 N. 41ST ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLEETER, LOUIS J 2255 GLADES ROAD, #236-W BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAFT, GLENN R 1200 S. PINE ISLAND RD. #475 PLANTATION, FL 333244470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Glenn R. Haft GLENN R. HAFT 1/17/07 (954) 476-7020  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #