2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

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Entity Name: TECHNIK INTELLIGENCE, LLC

Current Principal Place of Business:

14600 WHIRLWIND AVENUE
SUITE 221
JACKSONVILLE, FL 32218

New Principal Place of Business:

14600 WHIRLWIND AVENUE
SUITE 221 ATTENTION - P. E. MULVIHILL
JACKSONVILLE, FL 32218

Current Mailing Address:

P.O. BOX 18686 C/O AMASCO, LLC
JACKSONVILLE, FL 32229

New Mailing Address:

FEI Number: 01-0852263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMASCO, LLC
14600 WHIRLWIND AVENUE
SUITE 221
JACKSONVILLE, FL 32218 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CARLSON, DEAN	
Address:	P.O. BOX 18686- C/O AMASCO, LLC	
City-St-Zip:	JACKSONVILLE, FL 32229 US	
Title:	MGRM	( ) Delete
Name:	PRUETT, JAMES H JR	
Address:	P.O. BOX 18686- C/O AMASCO, LLC	
City-St-Zip:	JACKSONVILLE, FL 32229 US	
Title:	MGR	( ) Delete
Name:	JOHNSON, JAMES R	
Address:	P.O. BOX 18686- C/O AMASCO, LLC	
City-St-Zip:	JACKSONVILLE, FL 32229 US	
Title:	MGR	( ) Delete
Name:	SIMS, G. LARRY	
Address:	P.O. BOX 18686- C/O AMASCO, LLC	
City-St-Zip:	JACKSONVILLE, FL 32229 US	

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AMASCO, LLC RA 04/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date