2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L36225

Title:

FILED Oct 18, 2006 Secretary of State

Entity Name: INTERTECT DESIGN GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 7059 UNIVERSITY BLVD WINTER PARK, FL 32792 US **Current Mailing Address: New Mailing Address:** 7059 UNIVERSITY BLVD WINTER PARK, FL 32792 US FEI Number: 59-2983284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POPKIN, ERIC A 7059 UNIVERSITY BLVD. WINTER PARK, FL 32792 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVS () Delete Title: (X) Change () Addition POPKIN, ERIC ALLEN, POPKIN, ERIC A P Name: Name: 2755 HOWARD AVE. 2755 HOWARD AVE. Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: DPT Title: (X) Change () Addition () Delete Name: HOLLON, LARRY PATRIC, K Name: NEALY, SHARON L CFO

3670 GENOVA CT. 18913 STAR CREST LANE Address: Address: CLERMONT, FL 34715 City-St-Zip: OVIEDO, FL 32765 City-St-Zip:

() Delete Title: (X) Change () Addition HUMPHREY, FRED M SHIPMAN, FRED B VP Name: Name:

3002 DADE AVE 1643 BOMI CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: WINTER PARK, FL 32792

Title: () Delete Title: VΡ () Change (X) Addition

HAAS, PAM VP Name: Name: Address: Address: 3249 FALCON POINT DRIVE City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON NEALY **CFO** 10/18/2006