


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|  |                       |   |
|--|-----------------------|---|
| <b>DOCUMENT # M64592</b>   |                       |    |
| 1. Entity Name<br><b>INTERGROUP TECHNOLOGIES INCORPORATED</b>  |                       |   |
| Principal Place of Business<br><b>2040 NW 67TH PLACE<br/>5608 NW 43RD ST<br/>GAINESVILLE, FL 32653 US</b>  |                       | Mailing Address<br><b>P.O. BOX 5278<br/>GAINESVILLE, FL 32602-5278 US</b>   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |                       |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CARPENTER, RONALD A.<br/>4127 NW 27TH LANE<br/>GAINESVILLE, FL 32652</b>   |                       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                       |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |                       |   |
| 10. OFFICERS AND DIRECTORS   |                       |   |
| TITLE  | D                     |   |
| NAME   | O'NEIL, DENNIS R      |   |
| STREET ADDRESS   | 2040 NW 67TH PLACE    |   |
| CITY - ST - ZIP  | GAINESVILLE, FL 32653 |   |
| TITLE  | PST                   |   |
| NAME   | MALLINI, G T          |   |
| STREET ADDRESS   | 2040 NW 67TH PLACE    |   |
| CITY - ST - ZIP  | GAINESVILLE, FL 32653 |   |
| TITLE  | D                     |   |
| NAME   | MALLINI, G T          |   |
| STREET ADDRESS   | 2040 NW 67TH PLACE    |   |
| CITY - ST - ZIP  | GAINESVILLE, FL 32653 |   |
| TITLE  |                       |   |
| NAME   |                       |   |
| STREET ADDRESS   |                       |   |
| CITY - ST - ZIP  |                       |   |
| TITLE  |                       |   |
| NAME   |                       |   |
| STREET ADDRESS   |                       |   |
| CITY - ST - ZIP  |                       |   |
| 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: <u><i>J. T. Mallini</i></u> <b>4/15/06</b> <b>352 376 4939</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                       |   |



04132006 No Chg-P CR2E034 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br><b>59-1511857</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required |  |

U00000545255  
05/11/06-80070-015 150.00