2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003032

Entity Name: INTERGROUP 17, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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2214 E SILVER SPRINGS BLVD 3666 NE 25TH STREET #11

OCALA, FL 34470 OCALA, FL 34470

Current Mailing Address: New Mailing Address:

PO BOX 1192

OCALA, FL 34478 US

FEI Number: 59-3408982 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:

THRIFT, RUTH E MANAGER THRIFT, RUTH E MANAGER 3718 NÉ 8TH PLACE 3718NE 8TH PLACE **APT 106B** APT 106B OCALA, FL 34470 US OCALA, FL 34470 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: RUTH THRIFT 04/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CRANE, ROBERT LANZ, ROBERT Name: Name: 5579 SE 44TH CIRCLE Address: 4823 SE 11TH PL Address: City-St-Zip: OCALA, FL 34480 US City-St-Zip: OCALA, FL 34471 US

Title: () Delete Title: (X) Change () Addition MEYER, DIANE Name: DUNN, THOMAS Name: Address: 1424 SE 14TH AVE Address: 10620 SW 27TH AVE

City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34476 US

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

MALNASI, LESLIE WARD, KEN Name: Name: Address: 4160 SW 20TH AVE Address: 12 CARRY BACK RD City-St-Zip: OCALA, FL 34474 US City-St-Zip: OCALA, FL 34482 US

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

Name: TUCKER, CHERYL Name: MORRIS, BONNIE Address: 14420 SW 39TH CT RD Address: 2306 SE 20TH CIR City-St-Zip: OCALA, FL 34473 US City-St-Zip: OCALA, FL 34471 US

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

PALMA', VICKI Name: Name: 3990 SE 22ND AVE Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34480 US

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

HENDERSON, SMILEY Name: Name: Address: Address: 6704 LAKEWOOD DR OCALA, FL 34472 US City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB LANZ Ρ 04/19/2006