2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27644

FILED Jan 06, 2008 Secretary of State

Entity Name: INTERGROUP 5, INC. **Current Principal Place of Business: New Principal Place of Business:** 1106-H THOMASVILLE RD TALLAHASSEE, FL 32303 US **Current Mailing Address: New Mailing Address:** 1106-H THOMASVILLE RD TALLAHASSEE, FL 32303 US FEI Number: 59-2915187 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: CORNELL, CHARLES M 4726 GAUTIER DR. TALLAHASSEE, FL 32303 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: () Change () Addition () Delete CORNELL, CHARLES M Name: Name: 4726 GAUTIER DR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 US City-St-Zip: Title: CD Title: VCD (X) Change () Addition () Delete Name: LEWIS, MIKE Name: FENNELL, MIKE Address: 260 HIDDEN ACRES Address: 527 CASA BIANCA RD City-St-Zip: MONTICELLO, FL 32344 US City-St-Zip: MONTICELLO, FL 32344 US Title: VCD () Delete Title: CD (X) Change () Addition FILAR, CRAIG FILAR, CRAIG Name: Name: Address: 3315 DOMOOR DR Address: 3315 DOMOOR DR City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: TALLAHASSEE, FL 32312 US Title: SD () Delete Title: () Change () Addition Name: MCGINNIS, CAROL M Name: Address: 3723 SUTON CT. Address: City-St-Zip: TALLAHASSEE, FL 32311 US 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 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: CHARLES M CORNELL TD 01/06/2008