

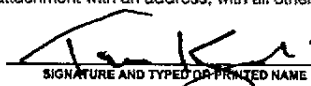


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000094634		
1. Entity Name INTEC, INC.		
Principal Place of Business 5255 NW 159TH STREET MIAMI, FL 33014		Mailing Address 5255 NW 159TH STREET ATTN: TOM KRUSZEWSKI MIAMI, FL 33014
DO NOT WRITE IN THIS SPACE		
		
01052006 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-1045248		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MIAMI CENTER REGISTERED AGENTS, INC. 201 SOUTH BISCAYNE BLVD 17TH FLOOR MIAMI CENTER MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000402511 02/03/06-80011-016 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS IACOVELLI, MARC 5255 NW 159TH STREET MIAMI, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KRUSZEWSKI, TOM 5255 NW 159TH STREET MIAMI, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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:  TOM KRUSZEWSKI		Date 1/12/06 Daytime Phone # (305) 900-5355