## 2004 FOR PROFIT CORPORATION

ANNUAL REPURI								05055		A 75 4 70 600			
DOCUMENT # P00000096146  1. Entity Name INTRINSIK, INCORPORATED							SECRETARY OF STATE TALLAHASSEE. FLORIDA  04 APR 26 PM 3: 51						
Principal Plan	o of Business		Mailing Address	-	I								
Principal Place			Mailing Address										
915-1 RAILROAD AVENUE			P.O. BOX 6073 TALLAHASSEE, FL 32314										
TALLAHASSEE, FL 32310 TALLAHASSEE, FL 3231													
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Principal Place of Business     3. Mailing Address													
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				04262004	Chg-P	CR2E	034 (10/03)			
City & State			City & State				4. FEI Numb			Ap	plied For		
			<del>  </del>				59-368	1613			ot Applicable		
Zip	Zip Country		Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional			ditional				
6 Name and Address of Course			Doubletoned & sout				Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
CARTER, TYRRA L						CARTER THERA L.							
3517 LAKEWOOD DRIVE					Street Address (P.O. Box Number is Not Acceptable)								
TALLAHASSEE, FL 32305							<u> </u>						
						5258 Family TREE DR.							
						allar	nissee		FL	- 3 <sub>6</sub>	2303		
			for the purpose of changing	ts register	ed office or	register	red agent, or bo	th, in the State of	Florida, I am	familiar with,	and accept		
the obligations of registered agent.													
SIGNATURE SOME X LANDS													
	Signature, typed	or printed name of registered ager	nt and title if applicable. (Ne	OTE: Registere	ed Agent signatur	re required	when reinstating)		DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   9. Election Campaign Financing Added to Fees													
10.		OFFICERS ANI		11.		4-		CHANGES TO C	FFICERS AN	D DIRECTOR	S IN 11		
TITLE	CEOP Delete TIT				.E		D, Presdent	1 0		Change Change	☐ Addition		
NAME	CARTER, QUINTON D					CAL	ARTER, Quiliton D. 258, Family Tree Dr.						
STREET ADDRESS					EET ADDRESS	525	58 Family	TREE DR.	_	/			
CITY-ST-ZIP	<del></del>	355EE, FL 32305	·	_	(-ST-ZIP	7	allahassee,	Fc, 3230	3	<del></del>			
TITLE	CEOV	T/DD41	☐ Delete	TITL		CEO	, VP			Change	☐ Addition		
NAME	1	TYRRA L		NAM Stre		CARTER, Typeal.							
STREET ADDRESS CITY-ST-ZIP	1	EWOOD DR SSEE, FL 32305		CITY-			58 Family Teee DR. Tallahossee, PL. 32303						
	IALLAIA	100EE, 1 E 32303											
TITLE NAME			☐ Defete	TITL			# <b>!</b>	00035		LUnange	Addition		
STREET ADDRESS				NAN	EET ADDRESS		U570 i	'/'040108	1017	**150.	บบ		
CITY-ST-ZIP				1	/-ST-ZIP								
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STREET ADDRESS					EET ADDRESS				•				
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TITLE			☐ Delete	TITL	E	**********				Change	☐ Addition		
NAME				NAN	AE .						_		
STREET ADDRESS				STR	EET ADDRESS								
CITY-ST-ZIP				CITY	-ST-ZIP								
TITLE			☐ Delete	TITL	E					Change	☐ Addition		
NAME				NAN	AE :					_ •	_		
STREET ADDRESS	1			EET ADDRESS									
CITY-ST-ZIP				CIT	/-ST-ZIP			•					
12. I hereby	certify that th	e information supplied wi	th this filing does not qualify	for the exe	emption state	ed in Se	ection 119.07(3)	(i), Florida Statute	s. I further ce	rtify that the in	nformation		
indicated	l on this repo	rt or supplemental report	is true and accurate and that powered to execute this rega	t my signa	iture shall ha	ave the s	same legal effe	ct as if made und	er oath; that I	am an officer	or director		
changed	, or on an atta	achment with an address	, with all other like empoyers	d.	nou by ona	pier to/	, i ionida Statuti	.s, and that my fi	me abbaals	III DIQUA 10 DI	DIOCK [ I II		
		In. Mar.	/ J. A.	á –	T	, 1	Carl	. 11/0	colore 1	-7-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNAT	TIDE.	- ILWIN	- /X /_ <del>arw</del>	4	IYRR	AL	Carte	x 4/2	איטןש (צ	150/561	<u>-1170</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													