

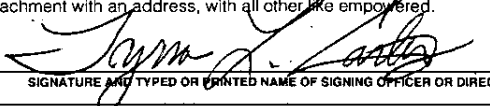


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 26 PM 3:51

DOCUMENT # P00000096146 1. Entity Name INTRINSIK, INCORPORATED					
Principal Place of Business 915-1 RAILROAD AVENUE TALLAHASSEE, FL 32310			Mailing Address P.O. BOX 6073 TALLAHASSEE, FL 32314		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARTER, TYRRA L 3517 LAKEWOOD DRIVE TALLAHASSEE, FL 32305				Name CARTER, TYRRA L. Street Address (P.O. Box Number is Not Acceptable) 5258 Family Tree Dr. City Tallahassee FL Zip Code 32303	
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  DATE 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARTER, QUINTON D <input type="checkbox"/> Delete 3517 LAKEWOOD DR TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, President Carter, Quinton D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5258 Family Tree Dr. Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOV CARTER, TYRRA L <input type="checkbox"/> Delete 3517 LAKEWOOD DR TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, VP Carter, Tyrre L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5258 Family Tree Dr. Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100035771501 05/07/04--01081--017 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  TYRRA L. CARTER 4/26/04 (850) 567-1170 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					