

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90238 047 \*\*\*150.00

**DOCUMENT # P01000057199**

1. Entity Name  
**INTELLIGENCE ALLIANCE, INC.**



Principal Place of Business  
**10490 NW 21 STREET  
SUNRISE, FL 33322**

Mailing Address  
**10490 NW 21 STREET  
SUNRISE, FL 33322**

**6000ZZ12**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-1113109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STUART, CURTIS B  
10490 NW 21 STREET  
SUNRISE, FL 33322**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Curtis B. Stuart*  
**Curtis B. Stuart**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*01/10/06*  
**01/10/06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	STUART, CURTIS B	
STREET ADDRESS	3383 SW 11 AVE ✓	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315 ✓	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STUART, CATHERINE M	
STREET ADDRESS	3383 SW 11 AVE ✓	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315 ✓	
TITLE	RA	<input checked="" type="checkbox"/> Delete
NAME	STUART, CURTIS B	
STREET ADDRESS	3383 SW 11 AVE ✓	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315 ✓	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, CURTIS B.	
STREET ADDRESS	10490 NW 21 STREET	
CITY-ST-ZIP	SUNRISE, FL. 33322	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, CATHERINE M.	
STREET ADDRESS	10490 NW 21 STREET	
CITY-ST-ZIP	SUNRISE, FL. 33322	
TITLE	RA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, CURTIS B.	
STREET ADDRESS	10490 NW 21 STREET	
CITY-ST-ZIP	SUNRISE, FL. 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

*Curtis B. Stuart*  
**Curtis B. Stuart** 01/10/06 954-605-2680