## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000017507

Entity Name: NETELLIGEN, INC.

FILED Mar 19, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1841 BLAINE TERRACE 20 NORTH ORANGE AVENUE WINTER PARK, FL 32792

1400

ORLANDO, FL 32801

**Current Mailing Address: New Mailing Address:** 

1841 BLAINE TERRACE 345 RADISSON PLACE WINTER PARK, FL 32792 OVIEDO, FL 32765

FEI Number: 30-0038050 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SAZAMA, DAVID T SAZAMA, DAVID T 1841 BLAINE TERRACE 20 NORTH ORANGE AVENUE WINTER PARK, FL 32792 US 1400

ORLANDO, FL 32801 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: DAVID T SAZAMA 03/19/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: (X) Change ( ) Addition SAZAMA, DEBORAH D Name: Name: SAZAMA, DEBORAH D

1841 BLAINE TERRACE 345 RADISSON PLACE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: OVIEDO, FL 32765

Title: VTD ( ) Delete Title: VTD (X) Change ( ) Addition Name:

SAZAMA, DAVID T Name: SAZAMA, DAVID T 1841 BLAINE TERRACE Address: 345 RADISSON PLACE Address: WINTER PARK, FL 32792 OVIEDO, FL 32765 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID T SAZAMA **VTD** 03/19/2005