

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017507

Entity Name: NETELLIGEN, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

7065 WESTPOINTE BLVD  
316  
ORLANDO, FL 32835

## New Principal Place of Business:

## Current Mailing Address:

7065 WESTPOINTE BLVD  
316  
ORLANDO, FL 32835

## New Mailing Address:

FEI Number: 30-0038050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAZAMA, DAVID T  
345 RADISSON PLACE  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.  
1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835 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: JAMES K. DUERR, CPA

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete  
Name: SAZAMA, DEBORAH D  
Address: 345 RADISSON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: PTD ( ) Delete  
Name: SAZAMA, DAVID T  
Address: 345 RADISSON PLACE  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change ( ) Addition  
Name: SAZAMA, DEBORAH D  
Address: 7065 WESTPOINTE BLVD., STE. 316  
City-St-Zip: ORLANDO, FL 32835

Title: PTD (X) Change ( ) Addition  
Name: SAZAMA, DAVID T  
Address: 7065 WESTPOINTE BLVD., STE. 316  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PTD

04/29/2008

Electronic Signature of Signing Officer or Director

Date