2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P02000052709

Entity Name: INTELLAQ CORPORATION

Current Principal Place of Business:

13976 LYNMAR BLVD.
TAMPA, FL 33626 US

New Principal Place of Business:

4711 126TH AVE NORTH
SUITE A
CLEARWATER, FL 33762 US

Current Mailing Address:

13976 LYNMAR BLVD.
TAMPA, FL 33626 US

New Mailing Address:

4711 126TH AVE NORTH
SUITE A
CLEARWATER, FL 33762 US

FEI Number: 04-3659834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOSTYLA, SCOTTA A
13976 LYNMAR BLVD.
TAMPA, FL 33626

Name and Address of New Registered Agent:

GOSTYLA, SCOTTA A
4711 126TH AVE NORTH
SUITE A
CLEARWATER, FL 33762

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: 04/27/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GOSTYLA, SCOTT A
Address: 13976 LYNMAR BLVD.
City-St-Zip: TAMPA, FL 33626

Title: DST ( ) Delete
Name: MABES, SUSAN L
Address: 13976 LYNMAR BLVD.
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GOSTYLA, SCOTT A
Address: 4711 126TH AVE NORTH STE A
City-St-Zip: CLEARWATER, FL 33762

Title: DST (X) Change ( ) Addition
Name: MABES, SUSAN L
Address: 4711 126TH AVE NORTH STE A
City-St-Zip: CLEARWATER, FL 33762

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: SUSAN L. MABES DST 04/27/2004
Electronic Signature of Signing Officer or Director — Date