

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075436

Entity Name: INTELLIFORCE, INC.

FILED  
Jan 19, 2004  
Secretary of State

## Current Principal Place of Business:

3831 OAK RIDGE CIRCLE  
WESTON, FL 33331

## New Principal Place of Business:

P.O. BOX 266227  
WESTON, FL 33326

## Current Mailing Address:

POST OFFICE BOX 266227  
WESTON, FL 33326

## New Mailing Address:

P.O. BOX 266227  
WESTON, FL 33326

FEI Number: 55-0786597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENCINI, HILARY  
3831 OAK RIDGE CIR.  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

BENCINI, HILARY M  
P.O. BOX 266227  
WESTON, FL 33326 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: HILARY M. BENCINI

01/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BENCINI, HILARY  
Address: 3831 OAK RIDGE CIRCLE  
City-St-Zip: WESTON, FL 33331

Title: VTD (X) Delete  
Name: BENCINI, LUCA  
Address: 3831 OAK RIDGE CIRCLE  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BENCINI, HILARY M  
Address: P.O. BOX 266227  
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: HILARY M. BENCINI

PRES

01/19/2004

Electronic Signature of Signing Officer or Director

Date