





# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90081 041 \*\*\*150.00

<b>DOCUMENT # P02000099234</b>					
<b>1. Entity Name</b> INTER ACTION, INC.					
<b>Principal Place of Business</b> 4343 N.W. 3RD TERR. POMPANO BEACH, FL 33064			<b>Mailing Address</b> 4343 N.W. 3RD TERR. POMPANO BEACH, FL 33064		
<b>2. Principal Place of Business</b> 7545 E TREASURE DR Suite, Apt. #, etc. <b>APT 9-A</b>		<b>3. Mailing Address</b> 7545 E TREASURE DR Suite, Apt. #, etc. <b>APT 9-A</b>			
<b>City &amp; State</b> N. BAY VILLAGE		<b>City &amp; State</b> N. BAY VILLAGE		<b>4. FEI Number</b> APPLIED FOR 51-0425973	
<b>Zip</b> FL		<b>Country</b> 33141		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> OLIVEIRA, NILO R 4343 N.W. 3RD TERR. POMPANO BEACH, FL 33064			<b>7. Name and Address of New Registered Agent</b> Name <b>OLIVEIRA, NILO R</b> Street Address (P.O. Box Number is Not Acceptable) <b>7545 E TREASURE DR</b> Apt. 9-A City <b>N. BAY VILLAGE</b> <b>FL</b> <b>Zip Code 33141</b>		
<b>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.</b> SIGNATURE  DATE <b>03/25/05.</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVEIRA, NILO R 4343 N.W. 3RD TERR. POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. OLIVEIRA, NILO R 7545 E TREASURE DR APT. 9-A N. BAY VILLAGE, FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> 			<b>03/25/05.</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		