

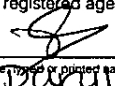



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90042 050 \*\*\*150.00

<b>DOCUMENT # P02000102074</b>					
<b>1. Entity Name</b> INTELTECH CORPORATION					
<b>Principal Place of Business</b> 1459 SW 18 AVE FT LAUDERDALE, FL 33312			<b>Mailing Address</b> 1459 SW 18 AVE FT LAUDERDALE, FL 33312		
<b>2. Principal Place of Business</b> 245 S.W. 31st Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 245 S.W. 31st Street Suite, Apt. #, etc.			
<b>City &amp; State</b> Fort Lauderdale FL		<b>City &amp; State</b> Fort Lauderdale FL		02122005    Chg-P    CR2E034 (10/03)	
<b>Zip</b> 33315		<b>Country</b> U.S.A.		<b>4. FEI Number</b> 13-4211860	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  SODERMAN, DARYL 1459 SW 18 AVE FT LAUDERDALE, FL 33312			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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: <u>2-12-2005</u>	
Signature typed or printed name of registered agent and party applicable: <u>Daryl Soderman, Director</u>				(NOTE: Registered Agent signature required when reinstating)	
<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	D SODERMAN, DARYL 1459 SW 18 AVE FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, SCOTT 1323 SE 17 ST #572 FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDER, PAUL R 30884 DELGADO LN BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPPS, DALE 5613 MICHEL RD MOUNTAIN RANCH, CA 95246	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<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> 				DATE: <u>2-12-2005</u> DAYTIME PHONE #: <u>954-478-2701</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>Daryl Soderman, Director</u>					