

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030256

FILED
May 01, 2006
Secretary of State

Entity Name: INTUITYPE, INC.

Current Principal Place of Business:

3400 PONCE DE LEON BLVD
B
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2535 TAYLOR STREET
HOLLYWOOD, FL 33020 US

Current Mailing Address:

3400 PONCE DE LEON BLVD
B
CORAL GABLES, FL 33134 US

New Mailing Address:

2535 TAYLOR STREET
HOLLYWOOD, FL 33020 US

FEI Number: 02-0684477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZ, LISA R
3400 PONCE DE LEON BLVD
B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FITZ, LISA R
2535 TAYLOR STREET
HOLLYWOOD, FL 33020 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: LISA R FITZ

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FITZ, LISA R
Address: 3400 PONCE DE LEON BLVD. B
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V () Delete
Name: FITZGERALD, THOMAS
Address: 3203 MARY STREET #3
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: WINTERS, JENNIFER
Address: 2563 TRAPP AVENUE #3
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FITZ, LISA R
Address: 2535 TAYLOR STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: V (X) Change () Addition
Name: KERR, ROBERT
Address: 18490 SW 83RD PLACE
City-St-Zip: MIAMI, FL 33157

Title: S (X) Change () Addition
Name: WINTERS, JENNIFER
Address: 2430 MCKINLEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA R FITZ

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date