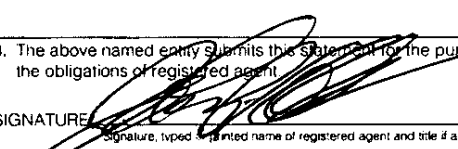
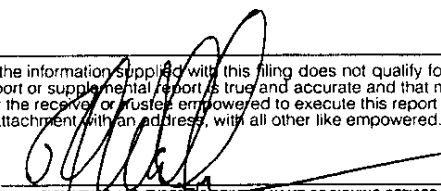


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90093 007 ***150.00

DOCUMENT # P03000139837 1. Entity Name INGENUITY, INC.					
Principal Place of Business 5827 CORPORATE WAY W PALM BEACH, FL 33407			Mailing Address 5827 CORPORATE WAY W PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box # 1524 S.W. 13th COURT		3. Mailing Address 1524 S.W. 13th CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State POMPAHO BEACH, FL		City & State POMPAHO BEACH, FL		4. FEI Number 30-0218491	
Zip 33069		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALMSLEY, SCOTT 5827 CORPORATE WAY W PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. WALMSLEY, SCOTT A PRESIDE 5827 CORPORATE WAY WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. ROBERT WATERS 2436 SE 9 th STREET POMPAHO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR MARTIN, LESLIE E 16 SLOANS CURVE DRIVE PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					