

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149688

Entity Name: INTERAKTION, INC

FILED  
May 27, 2005  
Secretary of State

## Current Principal Place of Business:

7300 W MCNAB ROAD  
SUITE 220  
TAMARAC, FL 33321

## New Principal Place of Business:

6700 PINES BLVD  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

7300 WEST MCNAB ROAD  
SUITE 220  
TAMARAC, FL 33321

## New Mailing Address:

6700 PINES BLVD  
PEMBROKE PINES, FL 33024

FEI Number: 32-0101292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODRICH, CLIFTON A PRES  
7300 WEST MCNAB ROAD  
SUITE 220  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

GOODRICH, CLIFTON A PRES  
6700 PINES BLVD  
PEMBROKE PINES, FL 33024 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: CLIFTON GOODRICH

05/27/2005

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: PRES ( ) Delete  
Name: GOODRICH, CLIFTON A PRES  
Address: 7300 WEST MCNAB ROAD SUITE 220  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GOODRICH, CLIFTON A PRES  
Address: 6700 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33024

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: CLIFTON GOODRICH

MR.

05/27/2005

Electronic Signature of Signing Officer or Director

Date