

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149688

FILED
May 04, 2007
Secretary of State

Entity Name: INTERAKTION, INC

Current Principal Place of Business:

6491 TAFT STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

618 US HWY 1
201
NORTH PALM BEACH, FL 33408

Current Mailing Address:

6491 TAFT STREET
HOLLYWOOD, FL 33024

New Mailing Address:

618 US HWY 1
201
NORTH PALLM BEACH, FL 33408

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
6491 TAFT STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

GOODRICH, CLIFTON A PRES
618 US HWY1
201
NORTH PALM BEACH, FL 330408 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 A. GOODRICH

05/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GOODRICH, CLIFTON A PRES
Address: 6491 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOODRICH, CLIFTON A PRES
Address: 618 US HWY 1
City-St-Zip: NORTH PALM BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify 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: CLIFTON A GOODRICH

PRES

05/04/2007

Electronic Signature of Signing Officer or Director

Date