

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90077 024 \*\*\*150.00

<b>DOCUMENT # P04000065604</b> 1. Entity Name <b>INTERLINGUA INC</b>			
Principal Place of Business <b>2424 N. FEDERAL HIGHWAY SUITE 103 BOCA RATON, FL 33431 US</b>		Mailing Address <b>2424 N. FEDERAL HIGHWAY SUITE 103 BOCA RATON, FL 33431 US</b>	
2. Principal Place of Business <b>405 WAYMONT CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>405 WAYMONT CT</b> Suite, Apt. #, etc.	
City & State <b>LAKE MARY</b> Zip <b>32746</b> Country <b>USA</b>		City & State <b>LAKE MARY</b> Zip <b>32746</b> Country <b>USA</b>	
4. FEI Number <b>43-2049331</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>TUCK, DONALD 2424 N. FEDERAL HWY SUITE 103 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>[Signature]</i></u> <b>DONALD TUCK</b> <b>3/15/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing 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	<b>P</b> <b>TUCK, DONALD</b> <b>2424 N. FEDERAL HWY</b> <b>BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>405 WAYMONT CT</b> <b>LAKE MARY FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information reported 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.			
SIGNATURE: <u><i>[Signature]</i></u> <b>DONALD TUCK</b> <b>3/15/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>407 322 8700</b> <b>305 495 7181</b> <small>Daytime Phone #</small>	