

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000171

FILED
Apr 28, 2006
Secretary of State

Entity Name: INTELLIPHONE DATA SYSTEMS, INC.

Current Principal Place of Business:

1941 ALOMA AVENUE
WINTER PARK, FL 32792 US

New Principal Place of Business:

200 SAINT ANDREWS BLVD.
#3707
WINTER PARK, FL 32792 US

Current Mailing Address:

1941 ALOMA AVENUE
WINTER PARK, FL 32792 US

New Mailing Address:

200 SAINT ANDREWS BLVD.
#3707
WINTER PARK, FL 32792 US

FEI Number: 20-2094561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHN, THOMAS
1941 ALOMA AVENUE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

BOHN, THOMAS
200 SAINT ANDREWS BLVD.
#3707
WINTER PARK, FL 32792 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: THOMAS BOHN

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOHN, THOMAS
Address: 1941 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP () Delete
Name: BOHN, JOSEPH H
Address: 1941 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32792 US

Title: S () Delete
Name: DAY-BOHN, ASHLEY A
Address: 1941 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOHN, THOMAS
Address: 200 SAINT ANDREWS BLVD., #3707
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP (X) Change () Addition
Name: BOHN, JOSEPH H
Address: 200 SAINT ANDREWS BLVD., #3707
City-St-Zip: WINTER PARK, FL 32792 US

Title: S (X) Change () Addition
Name: DAY-BOHN, ASHLEY A
Address: 200 SAINT ANDREWS BLVD., #3707
City-St-Zip: WINTER PARK, FL 32792 US

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: THOMAS BOHN

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date