

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005955

FILED
May 01, 2009
Secretary of State

Entity Name: INTERKINETICS CORPORATION

Current Principal Place of Business:

200 EAST ROBINSON STREET
SUITE 450
ORLANDO, FL 32801 US

New Principal Place of Business:

320 N. MAGNOLIA STREET
SUITE B6
ORLANDO, FL 32801 US

Current Mailing Address:

200 EAST ROBINSON STREET
SUITE 450
ORLANDO, FL 32801 US

New Mailing Address:

P.O. BOX 3187
ORLANDO, FL 32802 US

FEI Number: 20-8262792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

HAAS, THOMAS J
1107 PENNYROYAL
CELEBRATION, FL 34747 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 J HAAS

05/01/2009

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: DP () Delete
Name: HAAS, PAMELA A
Address: 3249 FALCON POINT DRIVE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D () Delete
Name: POPKIN, ERIC A
Address: 2755 HOWARD AVE.
City-St-Zip: OVIEDO, FL 32765 US

Title: ST () Delete
Name: HAAS, THOMAS J
Address: 1107 PENNYROYAL STREET
City-St-Zip: CELEBRATION, FL 34747 US

Title: EVP () Delete
Name: SHIPMAN, FRED B
Address: 1643 BOMI CIRCLE
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP (X) Delete
Name: ARRIAGA, SERGIO
Address: 11133 SUNUP LANE
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAMELA A HAAS

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date