2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003505

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HUMBLE, TX 77396

STEWART, ALBERT

4510 MAPLETREE LOOP

WESLEY CHAPEL, FL 33544

(X) Delete

FILED May 01, 2009 Secretary of State

Entity Nar	ne: INTEC	RATED SECU	RITY CONSULTAN	ITS INC.					
Current Principal Place of Business:				Ne	New Principal Place of Business:				
4510 MAPLETREE LOOP WESLEY CHAPEL, FL 33544					1711 W. KENNEDY BLVD. #200 TAMPA, FL 33606				
Current Mailing Address:					New Mailing Address:				
4510 MAPLETREE LOOP WESLEY CHAPEL, FL 33544				1711 W. KENNEDY BLVD. #200 TAMPA, FL 33606					
FEI Number:	26-1842566	FEI Number	Applied For ()	FEI Number	Not Appli	cable ()	Certifica	ate of Status	Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
4510 MAPI WESLEY (, KENNET LETREE LO CHAPEL, F	OOP L 33544 US							
	named ent of Florida.		statement for the pu	urpose of cha	anging it	s registere	d office or r	egistered a	gent, or both,
SIGNATUR	RE:								
	Elec	tronic Signature	of Registered Ager	nt				Date	
			e corporation did not	receive the p	rior notice).			
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:		() Delete KENNETH ETREE LOOP :HAPEL, FL 33544				4510 MAPL	(X) Change KENNETH T ETREE LOOF HAPEL, FL 3))	
Title: Name: Address: City-St-Zip:		() Delete ALTHEA ETREE LOOP HAPEL, FL 33544					(X) Change ALTHEA J ETREE LOOF HAPEL, FL 3	,	
Title: Name: Address:	VP STEWART, 2935 BLUE	() Delete TES JAY CIRCLE		Title Nan Add			(X) Change ALBERT JR ENNEDY BLVI		

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33606

() Change () Addition

SIGNATURE: KENNETH STEWART Ρ 05/01/2009