I. Entity Name INTEX SYSTE INC. Principal Place of BL 11812 RACE TRACI IAMPA, FL 33626 Principal Place of <i>J. 1802 R.</i> Suite, Apt. #, etc. City & State <i>TAMPA</i> , FL 336 City & State <i>TAMPA</i> , FL 336 ELORES, GERF 11720 BRANCH TAMPA, FL 336 SIGNATURE Signatur FILE NO After May 1, IO.	USINESS K ROAD T Business - No P.O. Box # ACE TRACK ROA FL Country Name and Address of Cu RY I MOORING DR. 635 d entity submits this statem registered agent. e. typed or printed name of registered agent.	IG & MANUFACTURING         Mailing Address         11812 RACE TRACK I         TAMPA, FL 33626         #       3. Mailing Address         AD       //802 RACE         Suite, Apt. #, etc.         City & State         TAMPA, FL         Zip 3 3 4 2 6         urrent Registered Agent         ment for the purpose of changing i         ed agent and title if applicable.       (NC         9. Election Camp	ROAD  TEACK ROAD  Country  Name Street Addre  City  its registered office or reg  OTE: Registered Agent signature re  Daign Financing	01182007       Chg-P       CR2E034 (12/06)         4. FEI Number       Applied Friends         59-3208732       Not Applied         5. Certificate of Status Desired       \$8.75 Additional Fee Required         7. Name and Address of New Registered Agent         FL         Zip Code         gistered agent, or both, in the State of Florida. Lam familiar with, and accompared agent.
ATTELE NO ATTELE NO ATTELE ADDRESS	K ROAD I Business - No P.O. Box # ACE TRACK ROA FL Country Name and Address of Cu RY I MOORING DR. 635 d entity submits this statem registered agent. e. typed or printed name of registered WIII FEE IS \$150.0 2007 Fee will be \$4	11812 RACE TRACK IF         TAMPA, FL 33626         #       3. Mailing Address         AD       //802 RACE         Suite, Apt. #, etc.         City & State         TAMPA, FL         2ip         3 3426         urrent Registered Agent         ment for the purpose of changing i         ed agent and title if applicable.         9. Election Camp	TRACK ROAD	01182007       Chg-P       CR2E034 (12/06)         4. FEI Number       Applied Fr         59-3208732       Not Applied         5. Certificate of Status Desired       \$8.75 Additional         Fee Required       Fee Required         7. Name and Address of New Registered Agent         FL         Zip Code         gistered agent, or both, in the State of Florida. I am familiar with, and acc         equired when reinstating)         DATE
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IAME FLO TREET ADDRESS 1172		S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	RES, GERRY 20 BRANCH MOORING IPA, FL 33635	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Ad
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indicated on this of the corporation	s report or supplemental re on or the receiver or trustee	eport is true and accurate and that	at my signature shall have ort as required by Chapte ed.	lained in Chapter 119, Florida Statutes. I further certify that the informati e the same legal effect as if made under oath; that I am an officer or direct er 607, Florida Statutes; and that my name appears in Block 10 or Block RES $4/25/107$ $8/3-855-3646$ Defe Daytime Prone 4