2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025112

9120 SLOANE ST

City-St-Zip: ORLANDO, FL 32827

Address:

Entity Name: INTARSIA, INC

FILED Jan 05, 2009 Secretary of State

Littly Na	ME. INTAKO	٦, ١١٠٠.				
Current Principal Place of Business:			New Principal Place of Business:			
	ELLITE BLVD. O, FL 32837	STE. 180				
Current Mailing Address:			New Mailing Address:			
	ELLITE BLVD. O, FL 32837	STE. 180				
FEI Number	: 59-3318365	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:	
867 SWÉE	MARSHALL ETWATER ISL OOD, FL 32779					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or b	ooth,
SIGNATUI	RE:					
	Electron	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	LUTHER, MAR	ATER ISLAND CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BERTRAND, G 9107 SLOANE ORLANDO, FL	ST	Title: Name: Address: City-St-Zip:	BERTRAND,	E BARTON LANE	
Title: Name: Address: City-St-Zip:	D (LOMBARDO, V 10 OAKLEAF C SAFETY HARB	OURT	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	SACK, BURTO	CE DR PENT D	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title:	D (SMITH RICHA) Delete	Title:	1	() Change() Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARSHALL LUTHER PRES 01/05/2009