2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032838

Entity Name: INTERCAP, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1940 RAINBOW DR.

CLEARWATER, FL 33765 US

1449 WETHERINGTON WAY
PALM HARBOR, FL 34683 US

Current Mailing Address: New Mailing Address:

1940 RAINBOW DR. P.O. BOX 6189

CLEARWATER, FL 33765 US PALM HABOR, FL 34684 US

FEI Number: 59-3307665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATDORF, LINDA 1940 RAINBOW DR CLEARWATER, FL 33765

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC () Delete Title: PDC (X) Change () Addition Name: CEFAIL, ROBERT E Name: CEFAIL, ROBERT E

Address: 1940 RAINBOW DR. Address: P.O. BOX 6189
City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: PALM HARBOR, FL 34684

Title: VSD () Delete Title: VSD (X) Change () Addition

Name: CEFAIL, ANATOLA Name: CEFAIL, ANATOLA

 Address:
 1940 RAINBOW DR.
 Address:
 P.O. BOX 6189

 City-St-Zip:
 CLEARWATER, FL 33765
 City-St-Zip:
 PALM HARBOR, FL 34684

Title: DV () Delete Title: DV (X) Change () Addition

Name: BATDORF, LINDA Name: BATDORF, LINDA
Address: 1940 RAINBOW DR. Address: P.O. BOX 6189

City-St-Zip: CLEARWATER, FL 33765 US City-St-Zip: PALM HARBOR, FL 34684 US

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: LINDA BATDORF DV 04/29/2009