2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094054

3900 DUPONT CIRCLE

JACKSONVILLE, FL 32205

Address:

City-St-Zip:

FILED Apr 19, 2006 Secretary of State

Entity Nai	me: INTERTEC	CH, INC.					
Current P	rincipal Place o	of Business:	New Princ	New Principal Place of Business:			
5465 VERI JACKSON	NA BLVD IVILLE, FL 3220	5 US					
Current M	lailing Address	:	New Maili	New Mailing Address:			
5465 VERI JACKSON	NA BLVD IVILLE, FL 3220	5 US					
FEI Number	: 59-3349332	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	ed (X)	
Name and	l Address of Cu	ırrent Registered Agent	:: Name and	Name and Address of New Registered Agent:			
HABIB, AMRO 3900 DUPONT CIRCLE JACKSONVILLE, FL 32216 US			4158 SHIRI	HABIB, AMRO 4158 SHIRLEY AVENUE JACKSONVILLE, FL 32210 US			
	e named entity su e of Florida.	ubmits this statement for t	he purpose of changing it	s registered o	ffice or registered agent,	, or both,	
SIGNATUR	RE:			04/19/2006			
	Electronic	Signature of Registered	Agent		Date		
Election Car	mpaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () E ECHEVERRIA, AI 1492 BELLESHO JACKSONVILLE,	RE CIRCLE	Title: Name: Address: City-St-Zip:	()) Change()Addition		
Title: Name: Address: City-St-Zip:	T () C WALKER, EDWA 318 OAK STREE JACKSONVILLE,	Т	Title: Name: Address: City-St-Zip:	T (X) WALKER, EDW 1975 WESTEN ORANGE PARK	D PLACE		
Title: Name: Address: City-St-Zip:	P () E JIMENEZ, ALFRE 4316 SAGE OAK JACKSONVILLE,	COURT	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name:	S ()E	Delete	Title: Name:	S (X)) Change()Addition K		

I hereby certify that the information supplied with this filing does not qualify for the 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:

4158 SHIRLEY AVENUE

JACKSONVILLE, FL 32210

SIGNATURE: AMRO HABIB S 04/19/2006