


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90006 008 ***168.75

DOCUMENT # P95000096228 1. Entity Name INTELLIFORM CORPORATION	
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Principal Place of Business 555 W. GRANADA BLVD. SUITE B6 ORMOND BEACH, FL 32174	Mailing Address 555 W. GRANADA BLVD. SUITE B6 ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



06082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3355991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRISON, WILLIAM T III 3 BARCELONA TRAIL ORMOND BEACH, FL 32174
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAM T. MORRISON, III 3 BARCELONA TRAIL ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORRISON, CANDACE D 3 BARCELONA TRAIL ORMOND BEACH, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Candace K. Morrison June 5, 2006 386-673-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #