## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000023082

2517 COZUMEL DRIVE

TAMPA, FL 33618

Address:

City-St-Zip:

Entity Name: INTELITECH COMPUTER SOLUTIONS, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5706 BENJAMIN CENTER DRIVE			6708 BENJAMIN RO	AD	
SUITE 112 TAMPA, F		3	SUITE 600 TAMPA, FL 33634	US	
Current M	lailing Addres	s:	New Mailing Addre	New Mailing Address:	
	JAMIN CENTE	R DRIVE		6708 BENJAMIN ROAD	
SUITE 112 TAMPA, F			SUITE 600 TAMPA, FL 33634		
FEI Number:	: 59-3367118	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
4330 WAT LUTZ, FL The above	named entity s		ourpose of changing its register	ed office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU					
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	S () RUPERT, MASO 5706 CLOUDS LUTZ, FL 3355	PEAK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () NEWLIN, ANTH 4330 WATERFO LUTZ, FL 3355	ORD LANDING	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () DENISCO, TON	Delete Y	Title: Name:	( ) 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: ANTHONY NEWLIN PRES 05/01/2008