2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P97000101632 INTERGROWTH CAPITAL MANAGEMENT, INC. Principal Place of Business __ Mailing Address 3161 E. GULF LAKE HWY 3161 E. GULF LAKE HWY STE A STE A INVERNESS, FL 34453 INVERNESS, FL 34453 No Chg-P CR2E034 (10/03) 04072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3481431 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WILBUR, MICHAEL V 3161 E. GULF LAKE HWY IN THIS SPACE STE A INVERNESS, FL 34453 8. The above named entry 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, typed or printed name of registered agent and the if applicable DATE MIGTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** IIILE WILBUR, MICHAEL V KAME 3161-A E. GULF TO LAKE HWY^ STREET ADDRESS INVERNESS, FL 34453 CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE KAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP NAME STREET ADDRESS CITY-ST-ZIP* * 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 oth ke empowered. SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED