# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2007**
**Secretary of State**

DOCUMENT# P97000108526

**Entity Name:** INTUITION SYSTEMS, INC.

**Current Principal Place of Business:**

9428 BAYMEADOWS ROAD
SUITE 600
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9428 BAYMEADOWS ROAD
SUITE 600
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number: 59-3474149** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VAN HORN, JAMES H
9428 BAYMEADOWS ROAD
SUITE 600
JACKSONVILLE, FL 32256 US

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

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 ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | GRAHAM, DAVID | |
| Address: | 9428 BAYMEADOWS ROAD SUITE 600 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | D | ( ) Delete |
| Name: | COLLIER, CLAUDE JR. | |
| Address: | 9428 BAYMEADOWS ROAD SUITE 600 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | D | ( ) Delete |
| Name: | SETTLES, STEVEN R | |
| Address: | 9428 BAYMEADOWS ROAD SUITE 600 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | P | ( ) Delete |
| Name: | VAN HORN, JAMES H | |
| Address: | 9428 BAYMEADOWS ROAD SUITE 600 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

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.

SIGNATURE: POLLY G. CORLESS CFO 01/17/2007

Electronic Signature of Signing Officer or Director — Date