2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003009

Entity Name: INTELINSURANCE, INC.

FILED Mar 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5545 SW 8TH STREET 5529 SW 8TH STREET STE 104 MIAMI, FL 33134 US

MIAMI, FL 33134

Current Mailing Address: New Mailing Address:

5545 SW 8TH STREET 5529 SW 8TH STREET 5TE 104 MIAMI, FL 33134 US MIAMI, FL 33134

FEI Number: 65-0885823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PELEGRI, MARIO

13480 SW 97TH PL.

MIAMI, FL 33176 US

PELEGRI, MARIO

13480 SW 97TH PL.ACE

MIAMI, FL 33176 US

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: MARIO PELEGRI 03/17/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition
Name: PELEGRI, MARIO
Address: 13480 SW 97TH PI
Address: 13480 SW 97TH PI
13480 SW 97TH PI

 Address:
 13480 SW 97TH PL.
 Address:
 13480 SW 97TH PL.

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33176 US

Title: VPTD () Delete Title: VPTD (X) Change () Addition Name: MARISTANY QUINONES, JORGE LUIS Name: MARISTANY QUINONES, JORGE LUIS

 Address:
 13480 SW 97TH PL.

 City-St-Zip:
 MIAMI, FL 33176

 Address:
 13480 SW 97TH PL.

 City-St-Zip:
 MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIO PELEGRI PRES 03/17/2005