


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90027 031 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # V63719</b><br>1. Entity Name<br><b>INTELLAEON CORPORATION</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>100 N. 22ND STREET<br/>FLAGLER BCH., FL 32136 US</b> | Mailing Address<br><b>PO BOX 2328<br/>FLAGLER BCH., FL 32136 US</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-3386223</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

6. Name and Address of Current Registered Agent

**MANLEY, PHYLLIS  
2102 S RIDGEWOOD AVE  
STE 7  
EDGEWATER, FL 32741 32141**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>CARMEL, PHYLLIS S<br>100 N 22ND ST<br>FLAGLER BEACH, FL 32136       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>CARMEL, ISRAEL<br>100 N 22ND ST<br>FLAGLER BEACH, FL 32136           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>MANLEY, PHYLLIS S<br>2102 S RIDGEWOOD AVE #7<br>EDGEWATER, FL 32141 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LONG, MARILOU<br>80 QUAIL VALLEY RD<br>SOCIAL CIRCLE, GA 30025       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Phyllis S. Manley, V-President* **1/11/05** **386 439 3326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #