

ESTTA Tracking number: **ESTTA390404**

Filing date: **01/27/2011**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	92050920
Party	Plaintiff Intellect Technical Solutions, Inc.
Correspondence Address	WILLIAM G GILTINAN CARLTON FIELDS PA 4221 W BOY SCOUT BLVD , SUITE 1000 TAMPA, FL 33607-5780 UNITED STATES tgiltinan@carltonfields.com
Submission	Plaintiff's Notice of Reliance
Filer's Name	William Giltinan
Filer's e-mail	trademarks@carltonfields.com
Signature	/William Giltinan/
Date	01/27/2011
Attachments	NOR150.tif (22 pages)(935004 bytes)

**In The United States Patent And Trademark Office
Before The Trademark Trial And Appeal Board**

In re: Registration No. 3,009,990
Trademark: ENTELLECT
Registered November 1, 2005

INTELLECT TECHNICAL SOLUTIONS, INC.

Petitioner,

v.

MILENA SONI,

Respondent.

Cancellation No.: 92050920

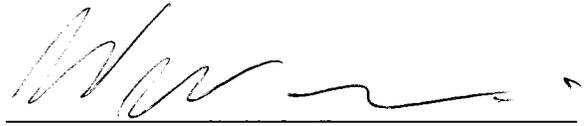
PETITIONER'S TENTH NOTICE OF RELIANCE

Petitioner Intellect Technical Solutions, Inc. submits this Notice of Reliance in accord with 37 C.F.R. § 2.120, et seq. and 37 C.F.R. 37.122, et seq. The following is hereby designated and made part of the record of this proceeding:

1. Intellect's Exhibit 150. Certified copies of Intellect Technical Solutions, Inc.'s corporate records including Articles of Incorporation, Amendments to the Articles of Incorporation and annual reports, pursuant to 37 C.F.R. 2.122(e). Petitioner's corporate filings are relevant to Petitioner's continuous use of INTELLECT from 1998 to the present and Petitioner's trade name use of INTELLECT and INTELLECT TECHNICAL SOLUTIONS.

Respectfully submitted,

Date: January 27, 2011



William G. Giltinan
Carlton Fields, P.A.
P.O. Box 3239
Tampa, FL 33601-3239
(813) 223-7000
Attorney for Petitioner

CERTIFICATE OF SERVICE

I hereby certify that I served the foregoing Petitioner's Tenth Notice of Reliance to Respondent's counsel at the following address:

Surjit P. Soni,
Ronald E. Perez, ron@sonilaw.com
The Soni Law Firm
35 N. Lake Ave. #720
Pasadena, CA 91101

via Federal Express, Overnight Delivery (Tracking No. 794362475167) and email on January 27, 2011.

Dated: January 27, 2011



William G. Giltinan

Intellect Technical Solutions v. Milena Soni
Cancellation No. 92050920
Intellect's Exhibit 150

State of Florida



Department of State

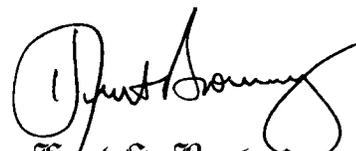
I certify the attached is a true and correct copy of the complete file of INTELLECT TECHNICAL SOLUTIONS, INC., a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is P97000104504.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Fourteenth day of January, 2011



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Intellect Technical Solutions, Inc.

EFFECTIVE DATE

1-1-98

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Intellect Technical Solutions, Inc.
1932 Drew St. Suite #4
Clearwater, FL 33765

FILED
97 DEC 11 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One thousand shares of common stock with a par value of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Scott Ferrante
1455 No. Bayshore Dr
Madeira Beach, FL 33708

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

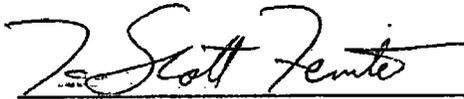
- 1.) Scott Ferrante
1455 No. Bayshore Dr
Madeira Beach, FL 33708

- 2.) James R. Barge
3103 Coventry Lane
Safety Harbor, FL 34695

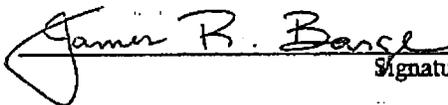
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of December, 19 97.

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Intellect Technical Solutions, Inc.

2. The name and address of the registered agent and office is:

Scott Ferrante
(NAME)
14555
14555 No. Bayshore Drive
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Madeira Beach, FL 33708
(CITY/STATE/ZIP)

FILED
97 DEC 11 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

(DATE)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90091 039 ***150.00

0418244

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104504

1. Corporation Name
INTELLECT TECHNICAL SOLUTIONS, INC.



Principal Place of Business 1932 DREW ST. SUITE #4 CLEARWATER FL 33765	Mailing Address 1932 DREW ST. SUITE #4 CLEARWATER FL 33765
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/01/1998	4. FEI Number 59-3400011	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent FERRANTE, SCOTT 14555 NO. BAYSHORE DRIVE MADEIRA BEACH FL 33708	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE No change (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	T. Scott Ferrante
STREET ADDRESS		1.3 STREET ADDRESS	14555 No. Bayshore Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Madeira Beach, FL 33708
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	James R. Barge
STREET ADDRESS		2.3 STREET ADDRESS	3103 Coventry Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Barge 1/15/99 727-443-0907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90043 035 ***150.00

DOCUMENT # P97000104504

1. Entity Name

INTELLECT TECHNICAL SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1932 DREW ST.
 SUITE #4
 CLEARWATER FL 33765

1932 DREW ST.
 SUITE #4
 CLEARWATER FL 33765-3025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15950 BAY VISTA DR.

3. Mailing Address

15950 BAY VISTA DR.

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

SUITE 130

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3480011

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33760

Country

USA

Zip

33760

Country

USA

6. Name and Address of Current Registered Agent

FERRANTE, SCOTT
14555 NO. BAYSHORE DRIVE
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRANTE, T SCOTT	
STREET ADDRESS	14555 N BAYSHORE DR	
CITY-ST-ZIP	MADEIRA BCH FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARGE, JAMES R	
STREET ADDRESS	3103 COVENTRY LN	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R Barge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

(727) 533-9797

CRZE034 (9/99)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90097 033 ***150.00

DOCUMENT # P97000104504

1. Entity Name
INTELLECT TECHNICAL SOLUTIONS, INC.

Principal Place of Business 15950 BAY VISTA DR STE 130 CLEARWATER FL 33760	Mailing Address 15950 BAY VISTA DR STE 130 CLEARWATER FL 33760
---	---

00026008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3480011	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FERRANTE, SCOTT 14555 NO. BAYSHORE DRIVE MADEIRA BEACH FL 33708			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRANTE, T SCOTT		NAME	FERRANTE, T. SCOTT	
STREET ADDRESS	14555 N BAYSHORE DR		STREET ADDRESS	406 NORMANDY RD.	
CITY-ST-ZIP	MADEIRA BCH FL 33708		CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGE, JAMES R		NAME		
STREET ADDRESS	3103 COVENTRY LN		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Barge Date: 2/2/2001 (727) 533-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91535 024 ***150.00

DOCUMENT # P97000104504

1. Entity Name
INTELLECT TECHNICAL SOLUTIONS, INC.

Principal Place of Business 15950 BAY VISTA DR STE 130 CLEARWATER FL 33760	Mailing Address 15950 BAY VISTA DR STE 130 CLEARWATER FL 33760
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3480011		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
FERRANTE, SCOTT 14555 NO. BAYSHORE DRIVE MADEIRA BEACH FL 33708				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRANTE, T SCOTT		NAME		
STREET ADDRESS	406 NORMANDY RD		STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BCH FL 33708		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGE, JAMES R		NAME		
STREET ADDRESS	3103 COVENTRY LN		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Ferrante **5/1/02 (727) 533 9797 x201**

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

CR2E034 (9/01)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90065 023 ***150.00

DOCUMENT # P97000104504

1. Entity Name
INTELLECT TECHNICAL SOLUTIONS, INC.



Principal Place of Business
**15950 BAY VISTA DR
STE 130
CLEARWATER FL 33760**

Mailing Address
**15950 BAY VISTA DR
STE 130
CLEARWATER FL 33760**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3480011**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FERRANTE, SCOTT
14555 NO. BAYSHORE DRIVE
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name
T. Scott Ferrante

Street Address (P.O. Box Number is Not Acceptable)
406 Normandy Rd

City
MADEIRA BEACH 3

FL Zip Code
33708

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRANTE, T SCOTT 406 NORMANDY RD MADEIRA BCH FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARGE, JAMES R 3103 COVENTRY LN SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE REQUIRED** Date: **3/31/03** Daytime Phone #: **727 533-9797 x204**

UNIFORM BUSINESS REPORT

CR2E034 (10/02)

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90009 047 ***150.00

DOCUMENT # P97000104504
 1. Entity Name
INTELLECT TECHNICAL SOLUTIONS, INC.



Principal Place of Business
**15950 BAY VISTA DR
 STE 130
 CLEARWATER FL 33760**

Mailing Address
**15950 BAY VISTA DR
 STE 130
 CLEARWATER FL 33760**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
**FERRANTE, T. SCOTT
 406 NORMANDY RD
 MADEIRA BEACH FL 33708**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Scott Ferrante* DATE 5/1/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRANTE, T SCOTT 406 NORMANDY RD MADEIRA BCH FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARGE, JAMES R 3103 COVENTRY LN SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James R. Barge* DATE 5/1/04 (727) 533-9797 x204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90189 030 ***150.00

DOCUMENT # P97000104504

1. Entity Name
INTELLECT TECHNICAL SOLUTIONS, INC.



Principal Place of Business
**15950 BAY VISTA DR
 STE 130
 CLEARWATER, FL 33760**

Mailing Address
**15950 BAY VISTA DR
 STE 130
 CLEARWATER, FL 33760**

50036421



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 235

Suite, Apt. #, etc.
Suite 235

City & State

01042005 Chg-P CR2E034 (10/03)

Zip Country Zip Country

4. FEI Number
59-3480011

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERRANTE, T. SCOTT
 406 NORMANDY RD
 MADEIRA BEACH, FL 33708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Scott Ferrante* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRANTE, T SCOTT	
STREET ADDRESS	406 NORMANDY RD	
CITY-ST-ZIP	MADEIRA BCH, FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARGE, JAMES R	
STREET ADDRESS	3103 COVENTRY LN	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1380 Sand Key Estates Dr.	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Scott Ferrante* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2006
Secretary of State**

DOCUMENT# P97000104504

Entity Name: INTELLECT TECHNICAL SOLUTIONS, INC.

Current Principal Place of Business:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3480011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRANTE, T. SCOTT
406 NORMANDY RD
MADEIRA BEACH, FL 33708 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: P () Delete
Name: FERRANTE, T SCOTT
Address: 406 NORMANDY RD
City-St-Zip: MADEIRA BCH, FL 33708

Title: VP () Delete
Name: BARGE, JAMES R
Address: 1380 SAND KEY ESTATES DR
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BARGE, JAMES R
Address: 138 SAND KEY ESTATES DR
City-St-Zip: CLEARWATER BEACH, FL 33767

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: JAMES R BARGE

VP

01/09/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date

2007 FOR PROFIT CORPOF TION ANNUAL REPORT

**FILED
Jan 04, 2007
Secretary of State**

DOCUMENT# P97000104504

Entity Name: INTELLECT TECHNICAL SOLUTIONS, INC.

Current Principal Place of Business:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3480011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRANTE, T. SCOTT
406 NORMANDY RD
MADEIRA BEACH, FL 33708 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: P () Delete
Name: FERRANTE, T SCOTT
Address: 406 NORMANDY RD
City-St-Zip: MADEIRA BCH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: BARGE, JAMES R
Address: 138 SAND KEY ESTATES DR
City-St-Zip: CLEARWATER BEACH, FL 33767

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: JAMES R. BARGE

VP

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date

Audit No. H07000011160 3

**ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
INTELLECT TECHNICAL SOLUTIONS, INC.**

Pursuant to Sections 607.1003 and 607.1006 of the Florida Business Corporation Act (the "FBCA"), these Articles of Amendment provide as follows, effective on the date set forth below:

ARTICLE I
Name

The name of the Corporation is Intellect Technical Solutions, Inc. (the "Corporation").

ARTICLE II
Amendment

Article III of the Articles of Incorporation of the Corporation shall be amended to read as follows:

***ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is Ten Million (10,000,000) shares of common stock, with no par value."

ARTICLE III
Date of Adoption

The Articles of Amendment were approved and adopted on January 10, 2007.

ARTICLE IV
Manner of Adoption

The Board of Directors of the Corporation (the "Board") reviewed, considered, and pursuant to an action taken by joint unanimous written consent in accordance with Section 607.0821 of the FBCA duly approved and adopted the Articles of Amendment on January 10, 2007. The Board presented the Articles of Amendment to the shareholders of the Corporation ("Shareholders") in accordance with Section 607.1003 of the FBCA, with a recommendation that the Articles of Amendment be approved. The Shareholders approved and adopted the Articles of Amendment on January 10, 2007 pursuant to an action by joint unanimous written consent in accordance with Section 607.0704 of the FBCA, which constitutes a sufficient number of votes to approve the amendment.

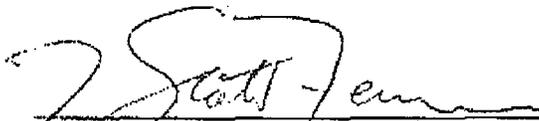
[Signature on the Following Page]

FILED
2007 JAN 12 AM 10:11
CLERK (ARY) OF STATE
TALLAHASSEE, FLORIDA

Audit No. H07000011160 3

Dated the 10th day of January 2007.

INTELLECT TECHNICAL SOLUTIONS, INC.,
a Florida corporation

A handwritten signature in black ink, appearing to read "Scott Ferrante", written over a horizontal line.

By: Scott Ferrante
Title: President

2007 FOR PROFIT CORPORATI AMENDED ANNUAL REPORT

**FILED
May 08, 2007
Secretary of State**

DOCUMENT# P97000104504

Entity Name: INTELLECT TECHNICAL SOLUTIONS, INC.

Current Principal Place of Business:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3480011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRANTE, T. SCOTT
406 NORMANDY RD
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BLVD.
SUITE 1000
TAMPA, FL 33607 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: CRISTIN A. CONLEY 05/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERRANTE, T SCOTT
Address: 406 NORMANDY RD
City-St-Zip: MADEIRA BCH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: BARGE, JAMES R
Address: 15950 BAY VISTA DR., SUITE 235
City-St-Zip: CLEARWATER, FL 33760

Title: VP (X) Delete
Name: BARGE, JAMES R
Address: 138 SAND KEY ESTATES DR
City-St-Zip: CLEARWATER BEACH, FL 33767

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

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.

SIGNATURE: JAMES R. BARGE DPTS 05/08/2007
Electronic Signature of Signing Officer or Director Date

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 12, 2008
Secretary of State**

DOCUMENT# P97000104504

Entity Name: INTELLECT TECHNICAL SOLUTIONS, INC.

Current Principal Place of Business:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3480011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BLVD.
SUITE 1000
TAMPA, FL 33607 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: DPTS () Delete
Name: BARGE, JAMES R
Address: 15950 BAY VISTA DR., SUITE 235
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BARGE, JAMES R
Address: 15950 BAY VISTA DR., SUITE 235
City-St-Zip: CLEARWATER, FL 33760

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.

SIGNATURE: JAMES R BARGE

PRES

03/12/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# P97000104504

Entity Name: INTELLECT TECHNICAL SOLUTIONS, INC.

Current Principal Place of Business:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Principal Place of Business:

5404 CYPRESS CENTER DR.
SUITE 150
TAMPA, FL 33609

Current Mailing Address:

15950 BAY VISTA DR
STE 235
CLEARWATER, FL 33760

New Mailing Address:

5404 CYPRESS CENTER DR.
SUITE 150
TAMPA, FL 33609

FEI Number: 59-3480011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BLVD.
SUITE 1000
TAMPA, FL 33607 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: PRES () Delete
Name: BARGE, JAMES R
Address: 15950 BAY VISTA DR., SUITE 235
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BARGE, JAMES R
Address: 5404 CYPRESS CENTER DR. SUITE 150
City-St-Zip: TAMPA, FL 33609

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.

SIGNATURE: JAMES BARGE

PRES

02/03/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date

2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2010
Secretary of State**

DOCUMENT# P97000104504

Entity Name: INTELLECT TECHNICAL SOLUTIONS, INC.

Current Principal Place of Business:

5404 CYPRESS CENTER DR.
SUITE 150
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5404 CYPRESS CENTER DR.
SUITE 150
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3480011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BLVD.
SUITE 1000
TAMPA, FL 33607 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: PRES
Name: BARGE, JAMES R
Address: 5404 CYPRESS CENTER DR. SUITE 150
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. BARGE

PRES

02/09/2010

Electronic Signature of Signing Officer or Director

_____ Date