2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# 747442

Entity Name: M. E. IRIS, INC.

Current Principal Place of Business:

5100 HWY 17-92
SUITE 200
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

5100 HWY 12-92
SUITE 200
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2929779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANGUM, KEVIN E
5100 HWY 17-92
STE 200
CASSELBERRY, FL 32707 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MANGUM, KEVIN E	
Address:	5100 HWY 17-92, STE 201	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	VD	( ) Delete
Name:	MURPHY, ROBERT J JR	
Address:	1061 FOUNTAIN GLEN DR.	
City-St-Zip:	LAWRENCEVILLE, GA	
Title:	SD	( ) Delete
Name:	JURKOWSKI, TODD	
Address:	410 E. JORSEY DR.	
City-St-Zip:	ORLANDO, FL 32806	
Title:	VD	( ) Delete
Name:	ICKES, GREGG	
Address:	1700 WEBER ST.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	TD	( ) Delete
Name:	MURPHY, BRIAN	
Address:	113 E LAMBRIGHT ST	
City-St-Zip:	TAMPA, FL 33604	
Title:	VD	( ) Delete
Name:	JOHNSON, CHRIS	
Address:	612 SPARROW BRANCH CIR.	
City-St-Zip:	JACKSONVILLE, FL 32259	

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:		
Title:	TD	(X) Change ( ) Addition
Name:	MURPHY, BRIAN	
Address:	4104 W EL PRADO BLVD	
City-St-Zip:	TAMPA, FL 33629	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN MURPHY TD 02/21/2005

Electronic Signature of Signing Officer or Director — Date