2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005024

Entity Name: INSTITUTE FOR INTERNATIONAL RESEARCH, INC.

FILED Apr 07, 2006 Secretary of State

Current Pri	ncipal Place o	of Business:	New Princ	New Principal Place of Business:			
708 THIRD AVE 4TH FLOOR NEW YORK, NY 10017 US							
Current Mailing Address:			New Mailir	New Mailing Address:			
170 WEST ELECTION ROAD SUITE 201 DRAPER, UT 84020 US							
FEI Number:	13-3179256	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desire	d ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:							
	Electronic	Signature of Registered Agen	t		Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ROGERS, SCOT	TION ROAD, SUITE 201	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	KERSWELL, MA	DERSON PKWY, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S ()E ETTER, THOMAS 708 THIRD AVEN NEW YORK, NY	IUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () C CHIPMAN, DEBR 708 THIRD AVEN NEW YORK, NY	IUE, 4TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MAYBURY, CHRI	DERSON PKWY, SUITE 100	Title: Name: Address: City-St-Zip:	BOHLIN, KENI ONE RESEAR			
Title: Name: Address: City-St-Zip:	D ()E ETTER, THOMAS 708 THIRD AVEN NEW YORK, NY	IUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
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							

SIGNATURE: SCOTT ROGERS VΡ 04/07/2006

above, or on an attachment with an address, with all other like empowered.