

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-25-2004 90001 034 \*\*\*158.75

**DOCUMENT # P03000112323**

1. Entity Name  
 INTERACTIVE RESOURCES TECHNOLOGY, INC.



Principal Place of Business  
 4629 RUE BORDEAUX AVE  
 LUTZ, FL 33558

Mailing Address  
 4629 RUE BORDEAUX AVE  
 LUTZ, FL 33558

49076917

2. Principal Place of Business  
 3514 W. ARCH ST  
 Suite, Apt. #, etc.

3. Mailing Address  
 3959 VAN DYKE RD  
 Suite, Apt. #, etc.  
 STE 246



03042004 Chg-P CR2E034 (10/03)

City & State  
 TAMPA, FL

City & State  
 Lutz, FL

4. FEI Number  
 72-1331034

Applied For  
 Not Applicable

Zip  
 33612

Country  
 USA

Zip  
 33558

Country  
 USA

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

6. Name and Address of Current Registered Agent

GARDNER, MICHAEL H  
 4629 RUE BORDEAUX AVE  
 LUTZ, FL 33558

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: Michael Gardner DATE: 5/21/04

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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARDNER, MICHAEL H		NAME	
STREET ADDRESS 4629 RUE BORDEAUX AVE		STREET ADDRESS	
CITY-ST-ZIP LUTZ, FL 33558		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	
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	

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: Michael Gardner MH GARDNER DATE: 5/21/04 DAYTIME PHONE #: 813-854-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR