


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000047972
 1. Entity Name
 INTERACTIVE RESPONSE TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
 4410 N STATE ROAD 7 4400 N. STATE RD 7
 SUITE 200 FORT LAUDERDALE, FL 33319 US
 FORT LAUDERDALE, FL 33319 US



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0420554 Not Applicable

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

6. Name and Address of Current Registered Agent

GOBBO, SANDRA
 4500 NORTH STATE ROAD
 SUITE 301
 FORT LAUDERDALE, FL 33319

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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 _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ORLOVE, L M
STREET ADDRESS	4410 N STATE RD 7
CITY - ST - ZIP	FT LAUDERDALE, FL 33319
TITLE	P
NAME	GLASS, HOWARD
STREET ADDRESS	4410 N STATE ROAD 7 SUITE 200
CITY - ST - ZIP	FORT LAUDERDALE, FL
TITLE	S
NAME	GOBBO, SANDRA
STREET ADDRESS	4410 N STATE RD 7
CITY - ST - ZIP	FT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000007370
 01/20/04-80022-007 150.00

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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: Sandra Gobbo SANDRA GOBBO Date: 1-12-2004 Daytime Phone #: 954-717-0240