

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047972

FILED
Feb 01, 2010
Secretary of State

Entity Name: INTERACTIVE RESPONSE TECHNOLOGIES, INC.

Current Principal Place of Business:

4410 N STATE ROAD 7
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4500 N. STATE RD 7
FORT LAUDERDALE, FL 33319 US

New Mailing Address:

FEI Number: 65-0420554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBBO, SANDRA
4500 NORTH STATE ROAD 7
SUITE 301
FORT LAUDERDALE, FL 33319 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: T&D
Name: ORLOVE, LEWIS M
Address: 4500 N STATE RD 7
City-St-Zip: FT LAUDERDALE, FL 33319

Title: P&D
Name: EYCHNER, RICHARD
Address: 4500 NORTH STATE RD 7
City-St-Zip: FT LAUDERDALE, FL 33319

Title: S
Name: GOBBO, SANDRA
Address: 4500 N STATE RD 7
City-St-Zip: FT LAUDERDALE, FL 33319

Title: D
Name: HAMAKER, STEVEN
Address: 94 W HORIZON RIDGE
City-St-Zip: THE WOODLANDS, TX 77381

Title: D
Name: RESHEFSKY, RON
Address: 3651 FAU BLVD. STE 300
City-St-Zip: BOCA RATON, FL 33431

Title: D
Name: CHEEK, LESLEY
Address: 1 POST OFFICE SQ, SUITE 3620
City-St-Zip: BOSTON, MA 02109

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: SANDRA GOBBO

S

02/01/2010

Electronic Signature of Signing Officer or Director

_____ Date