## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000000244

FILED Jan 09, 2006 Secretary of State

Entity Name: LIBRARY AND INFORMATION RESOURCES NETWORK, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
7855 126TH STE F	AVE NORTH				
LARGO, FL	33773 US				
Current Mailing Address:			New Mailir	New Mailing Address:	
7855 126TH AVE NORTH STE F					
LARGO, FL	33733 US				
FEI Number: 65-0767267 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )					
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
JONES, DONALD C 1685 MEDICAL LANE FORT MYERS, FL 339071157 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 Agent	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT () D DEVAUX, DOUGL 3693 IMPERIAL F PALM HARBOR, F	AS F RIDGE PKWY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D GAYLE, JANET 600 TAYLOR STR JOLIET, IL 60438	REET	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HALL, GLENN 3012 U. S. H IGHWAY 301 NORTH, SUITE 100 TAMPA, FL 33619	
Title: Name: Address: City-St-Zip:	PD () D DUGAN, PATRICK 419 BELLE PT. D ST PETE BEACH,	( K RIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () D GILL, JAMIE 4200 54TH AVENI ST PETERSBURG	UE SOUTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D DOROTHY, NEUH P.O.BOX 6665 ST LEO, FL 3357	OFER SISTER	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D TIPSWORD, TOM 600 S CLYDE MC DAYTONA BEACH	I PRRIS BLVD	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 617, Florida Statutes; and that my name appears					

SIGNATURE: DOUGLAS F. DEVAUX TREA 01/09/2006

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