

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001069

1. Entity Name
INTERNATIONAL ECONOMIC RESEARCH INSTITUTE,
INC.



Principal Place of Business
4830 SWEETMEADOW CIR.
SARASOTA, FL 34238 US

Mailing Address
4830 SWEETMEADOW CIR.
SARASOTA, FL 34238 US



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1044500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRING, LISA
4830 SWEETMEADOW CIRCLE
SARASOTA, FL 34238

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00000053/251
05/09/06-80011-000 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PRING, MARTIN J
STREET ADDRESS 4830 SWEETMEADOW CIRCLE
CITY-ST-ZIP SARASOTA, FL 34238

TITLE TD
NAME PRING, LISA
STREET ADDRESS 4830 SWEETMEADOW CIRCLE
CITY-ST-ZIP SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lisa H. Pring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06
Date

941 926 9664
Daytime Phone #