


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91022 017 ***150.00

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| DOCUMENT # F00000001403 |  |
| 1. Entity Name IIR SUPPORT SERVICES, INC. | |

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| Principal Place of Business 1549 RINGLING BLVD. - SUITE 500 SARASOTA, FL 34236 | Mailing Address 1549 RINGLING BLVD. - SUITE 500 SARASOTA, FL 34236 |
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44036934

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| 2. Principal Place of Business 101 Arthur Andersen Parkway Suite, Apt. #, etc. SUITE 100 City & State Sarasota, FL Zip 34232 Country Sarasota | 3. Mailing Address 101 Arthur Andersen Parkway Suite, Apt. #, etc. SUITE 100 City & State Sarasota, FL Zip 34232 Country USA |
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04202004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3435175 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS HARRISON, BENJAMIN J 1549 RINGLING BLVD. - SUITE 500 SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Arthur Andersen Parkway, Suite 100 Sarasota, FL 34232 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KERSWELL, MARK NIEUWEZIJDS VOORBUGWAL 308A AMSTERDAM, THE NETHERLANDS, 1012 rv <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAIDLAW, IRVING 1549 RINGLING BLVD. - SUITE 500 SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Arthur Andersen Parkway, Suite 100 Sarasota, FL 34232 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: B. Harrison Benjamin Harrison 4/20/04 (941) 365-4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #