


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F02000005724</b>	
1. Entity Name INFORMATION RESOURCES CENTER, INC.	

FILED  
06 OCT -9 AM 9:30  
TALLAHASSEE, FLORIDA

Principal Place of Business 1600 E VINE ST SUITE A KISSIMMEE, FL 34744	Mailing Address 1600 E VINE ST SUITE A KISSIMMEE, FL 34744
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10052006 REIN-NP CR2E099 (11/05) 06	
4. FEI Number 11-3451400	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
OMOLARA, AUGUSTUS 434 MARLBERRY LEAF AVENUE KISSIMMEE, FL 34758	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <u>Augustus Omolara</u> (AUGUSTUS OMOLARA)	DATE <u>10-5-06</u>

<b>FILE NOW!!! FEE IS \$81.25</b> After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCKERL, JOSEPH 14198 VISTA DEL LAGO BLVD. WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OMOLARA, AUGUSTUS E 434 MARLBERRY LEAF AVENUE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT-CURTIS, LORETTA 14198 VISTA DEL LAGO BLVD. WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HELEN OMOLARA 434 MARLBERRY LEAF AVE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080640758 10/09/06--01052--009 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, 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: <u>Augustus Omolara</u>	DATE: <u>10-5-06</u> (321) 697-0355