70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # F02000005724

1. Entity Name
INFORMATION RESOURCES CENTER, INC.

Principal Place of Business	Mailing Address
1600 E VINE ST SUITE A KISSIMMEE, FL 34744	1600 E VINE ST SUITE A KISSIMMEE, FL 34744

02022007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
11-3451400

Applied For
Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OMOLARA, AUGUSTUS
434 MARLBERRY LEAF AVENUE
KISSIMMEE, FL 34758

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	OMOLARA, IHELEN
STREET ADDRESS	434 MARLBERRY LEAF AVE
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	T
NAME	OMOLARA, AUGUSTUS IE
STREET ADDRESS	434 MARLBERRY LEAF AVENUE
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
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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: _____ 2/5/07