2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90035 009 ****61.25

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

60024822

04042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
434 MARLBERRY LEAF AVE.	434 MARLBERRY LEAF AVE.
Suite, Apt. #, etc.: KISSIMMEE	Suite, Apt. #, etc.:
City & State: KISSIMMEE, FLORIDA	City & State: KISSIMMEE, FLORIDA
Zip: 34758 Country: USA	Zip: 34758 Country: USA

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	7. Name and Address of New Registered Agent
OMOLARA, AUGUSTUS 434 MARLBERRY LEAF AVENUE KISSIMMEE, FL 34758	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 [signature] AUGUSTUS OMOLARA 4/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	FC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OMOLARA, HELEN	NAME	
STREET ADDRESS	434 MARLBERRY LEAF AVE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34758	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OMOLARA, AUGUSTUS E	NAME	
STREET ADDRESS	434 MARLBERRY LEAF AVENUE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34758	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] AUGUSTUS OMOLARA 4/2/08 (321) 697-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
EXECUTIVE DIRECTOR