2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # F02000005724 1. Entity Name INFORMATION RESOURCES CENTER, INC.				04-16-2008 90035 009 ****61.25
1600 E VINE ST SUITE A KISSIMMEE, FL 34744		Mailing Address 1600 E VINE ST SUITE A KISSIMMEE, FL 34744		60024822
2. Principal Place of Business - No P.O. Box # #34 MARCBERRY LEAF AVE. #34 MA Suite, Apt. #, etc. KISI MMEE			BERRY L	EAF AVE . 04042008 Chg-NP CR2E037 (12/06)
City & Stat	IMEE, FLORIDA	City & State	FLORIL	
3475	78 USA	34758	Country CAST	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
434 MARL	A, AUGUSTUS BERRY LEAF AVENUE EE, FL 34758		Street Add	ress (P.O. Box Number is Not Acceptable)
	named entity submits this statement for ions of registered agent.	UGUSTUS C	MOLA gistered Agent signature	egistered agent, or both, in the State of Florida. I am familiar with, and accept ### ### ### ### ####################
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC OMOLARA, HELEN 434 MARLBERRY LEAF AVE KISSIMMEE, FL 34758	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OMOLARA, AUGUSTUS E 434 MARLBERRY LEAF AVENUE KISSIMMEE, FL 34758	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition

■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

Delete

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS 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

XECUTIVE DIRECTOR

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Change

Addition

Addition