

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004581

FILED
Feb 07, 2006
Secretary of State

Entity Name: INTERNATIONAL RELIEF TEAMS, INC.

Current Principal Place of Business:

3547 CAMINO DEL RIO SOUTH #C
SAN DIEGO, CA 92108

New Principal Place of Business:

Current Mailing Address:

3547 CAMINO DEL RIO SOUTH #C
SAN DIEGO, CA 92108

New Mailing Address:

FEI Number: 33-0412751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TANNER, DAVID
Address: 13851 DAVENPORT AVE.
City-St-Zip: SAN DIEGO, CA 92129

Title: D () Delete
Name: DALY, SHARYN
Address: PO BOX 119
City-St-Zip: DEL MAR, CA 92014

Title: D () Delete
Name: FORNEY, HAROLD J MD
Address: 6359 ALEXANDRIA CIR.
City-St-Zip: CARLSBAD, CA 92009

Title: CEO () Delete
Name: LA FORGIA, A. BARRY
Address: 10558 VIACHA DR.
City-St-Zip: SAN DIEGO, CA 92124

Title: D () Delete
Name: PHIFE, SUSIE
Address: 15415 NAWA CT
City-St-Zip: SAN DIEGO, CA 92129

Title: D () Delete
Name: ROBERTS, MARIA
Address: 610 ADELLA LANE
City-St-Zip: CORONADO, CA 92118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. BARRY LAFORGIA

CEOD

02/07/2006

Electronic Signature of Signing Officer or Director

Date