

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003681

FILED
Mar 19, 2009
Secretary of State

Entity Name: INTERNATIONAL REGISTRIES, INC.

Current Principal Place of Business:

11495 COMMERCE PARK DRIVE
RESTON, VA 20191

New Principal Place of Business:

Current Mailing Address:

11495 COMMERCE PARK DRIVE
RESTON, VA 20191

New Mailing Address:

FEI Number: 54-1563371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHILA, ARI
1600 S.E. 17TH STREET, CAUSEWAY, SUITE 403
FT. LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: GALLAGHER, WILLIAM R
Address: 11495 COMMERCE PARK DRIVE
City-St-Zip: RESTON, VA 20191

Title: VTD () Delete
Name: GUIDA, F.A.
Address: 11495 COMMERCE PARK DRIVE
City-St-Zip: RESTON, VA 20191

Title: VD () Delete
Name: MAITLAND, G.E.C.
Address: 11495 COMMERCE PARK DRIVE
City-St-Zip: RESTON, VA 20191

Title: VDS () Delete
Name: HURST, MELISSA A
Address: 11495 COMMERCE PARK DRIVE
City-St-Zip: RESTON, VA 20191

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F A GUIDA

VTD

03/19/2009

Electronic Signature of Signing Officer or Director

Date