


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000002447

1. Entity Name
IR PINE CORP.



Principal Place of Business
670 WHITE PLAINS RD
SUITE #305
SCARSDALE, NY 10583 US

Mailing Address
670 WHITE PLAINS RD
SUITE #305
SCARSDALE, NY 10583 US

DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2757115

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301

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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)

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

000000571068
07/18/06-80022-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAIDAD, RABINA
STREET ADDRESS	670 WHITE PLAINS ROAD, #305
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	VP
NAME	SARTER, ALVIN
STREET ADDRESS	670 WHITE PLAINS ROAD, #305
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	ST
NAME	VOGEL, THOMAS H
STREET ADDRESS	670 WHITE PLAINS ROAD, #305
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: *Thomas H. Vogel* **914-722-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #