

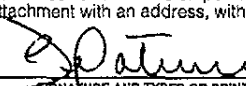


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # G06149 1. Entity Name FORTUNE INTERNATIONAL/IRIONDO-ECKER & ASSOCIATES, INC.				
Principal Place of Business 260 CRANDON BLVD #25 KEY BISCAVNE, FL 33149		Mailing Address 260 CRANDON BLVD #25 KEY BISCAVNE, FL 33149		
DO NOT WRITE IN THIS SPACE				
				 02212006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2227406		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				
DEFORTUNA, EDGARDO 260 CRANDON BLVD 25 MIAMI, FL 33129		DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'HARA, GERALDINE 200 SUNRISE DRIVE, APT. D KEY BISCAVNE, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEFORTUNA, EDGARDO 260 CRANDON BLVD #25 KEY BISCAVNE, FL 33149			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
DO NOT WRITE IN THIS SPACE				
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: 		Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				