


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G47128</b> 1. Entity Name IRSO, INC.	
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Principal Place of Business % IRWIN H. MILLER 2121 EAST VINA DEL MAR BLVD. ST. PETERSBURG BEACH, FL 33706	Mailing Address % IRWIN H. MILLER 2121 EAST VINA DEL MAR BLVD. ST. PETERSBURG BEACH, FL 33706
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02192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2304422</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MILLER, IRWIN H. 2121 EAST VINA DEL MAR BLVD. ST. PETERSBURG BEACH, FL 33706
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<b>DO NOT WRITE IN THIS SPACE</b>
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B. 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.

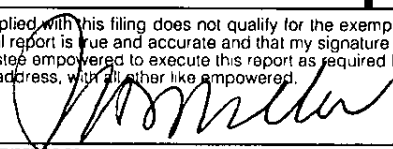
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, IRWIN H 2121 E VINA DEL MAR BLVD SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SONYA 2121 E VINA DEL MAR BLVD ST. PETE BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000839798 03/06/08-80023-001 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **2/19/08 757/3608820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #