2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K89075

FILED Jan 13, 2006 Secretary of State

Entity Name: INDEPENDENT INVESTIGATIONAL REVIEW BOARD, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
UNRISE BLVD	1			
ON, FL 33313				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
UNRISE BLVD	1			
ON, FL 33313				
65-0131304	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
RE:				
Electron	ic Signature of Registered Age	ent	Date	
npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
MCSHARRY, AI	NITA,	Title: Name: Address:	() Change () Addition	
17111 GULF PI WELLINGTON,		City-St-Zip:		
	UNRISE BLVD ON, FL 33313 ailing Addres UNRISE BLVD ON, FL 33313 65-0131304 Address of C KIM B. TURTLE DRIV ON, FL 33324 named entity se of Florida. RE: Electron npaign Financing S AND DIREC	UNRISE BLVD ON, FL 33313 ailing Address: UNRISE BLVD ON, FL 33313 65-0131304 FEI Number Applied For () Address of Current Registered Agent: KIM B. TURTLE DRIVE ON, FL 33324 US named entity submits this statement for the period of Florida. RE: Electronic Signature of Registered Agent Black of Fund Contribution (). S AND DIRECTORS:	UNRISE BLVD ON, FL 33313 ailing Address: UNRISE BLVD ON, FL 33313 a65-0131304 FEI Number Applied For () Address of Current Registered Agent: Name and Address of KIM B. TURTLE DRIVE ON, FL 33324 US named entity submits this statement for the purpose of changing its registered of Florida. RE: Electronic Signature of Registered Agent mpaign Financing Trust Fund Contribution (). B AND DIRECTORS: ADDITIONS/CHANGI	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM LERNER VSD 01/13/2006