

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K89075

FILED
Jan 22, 2007
Secretary of State

Entity Name: INDEPENDENT INVESTIGATIONAL REVIEW BOARD, INC.

Current Principal Place of Business:

6738 W. SUNRISE BLVD
102
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

6738 W. SUNRISE BLVD
102
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 65-0131304 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LERNER, KIM B.
9721 SEA TURTLE DRIVE
PLANTATION, FL 33324 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: PD () Delete
Name: MCSHARRY, ANITA,
Address: 17111 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL

Title: VSD () Delete
Name: LERNER, KIM B.,
Address: 9721 SEA TURTLE DR
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCSHARRY, ANITA,
Address: 2443 PLAYERS COURT
City-St-Zip: WELLINGTON, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANITA MCSHARRY

PD

01/22/2007

Electronic Signature of Signing Officer or Director

Date