

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006619

FILED
Mar 09, 2006
Secretary of State

Entity Name: INTERNATIONAL RELIEF FUND, INC.

Current Principal Place of Business:

2771-29 MONUMENT ROAD
SUITE 344
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

2771-29 MONUMENT ROAD
SUITE 344
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3675763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JASON, STEPHANIE M
2771-29 MONUMENT ROAD
SUITE 344
JACKSONVILLE, FL 32225 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JASON, STEPHANIE M
Address: 2771-29 MONUMENT ROAD #344
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: T () Delete
Name: CHANDLER, HELEN
Address: 2771-29 MONUMENT ROAD #344
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: T () Delete
Name: JASON, SCOTT R DR.
Address: 2771-29 MONUMENT ROAD #344
City-St-Zip: JACKSONVILLE, FL 32225

Title: ED () Delete
Name: RIGBY, MONIQUE S
Address: 2771-29 MONNMEET ROAD #344
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change () Addition
Name: JASON, STEPHANIE M PRES.
Address: 2771-29 MONUMENT ROAD #344
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MRS. (X) Change () Addition
Name: JASON, HELEN
Address: 2771-29 MONUMENT ROAD #344
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DR. (X) Change () Addition
Name: JASON, SCOTT R
Address: 2771-29 MONUMENT ROAD #344
City-St-Zip: JACKSONVILLE, FL 32225

Title: MRS. (X) Change () Addition
Name: RIGBY, MONIQUE S ED
Address: 2771-29 MONNMEET ROAD #344
City-St-Zip: JACKSONVILLE, FL 32225

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

SIGNATURE: STEPHANIE JASON

PRES

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date