

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009727

1. Entity Name

INSTITUTE FOR RESEARCH MIDDLE EASTERN POLICY,
INC.



Principal Place of Business

1030 15TH ST NW #920
WASHINGTON, DC 20007

Mailing Address

PO BOX 32041
WASHINGTON, DC 20007



04192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

81-0586523

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000530941
05/06/06-80020-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCOB
NAME	SMITH, GRANT
STREET ADDRESS	PO BOX 32041
CITY - ST - ZIP	WASHINGTON, DC 20007
TITLE	VCHR
NAME	SEFAIR, JUAN
STREET ADDRESS	PO BOX 32041
CITY - ST - ZIP	WASHINGTON, DC 20007
TITLE	D
NAME	ZABALA, JUAN
STREET ADDRESS	PO BOX 32041
CITY - ST - ZIP	WASHINGTON, DC 20007
TITLE	D
NAME	WILMSEN, DAVID
STREET ADDRESS	P.O. BOX 32041
CITY - ST - ZIP	WASHINGTON, DC 20007
TITLE	D
NAME	LE GASSICK, TREVOR
STREET ADDRESS	P.O. BOX 32041
CITY - ST - ZIP	WASHINGTON, DC 20007
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 617, 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:

GRANT SMITH

4/19/2006

202-342-7325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #