
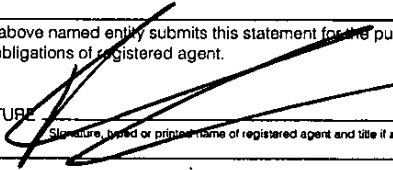
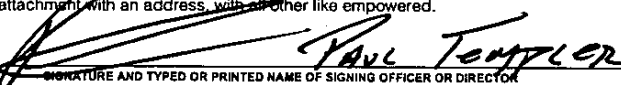


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90013 041 ****61.25

DOCUMENT # N25287 1. Entity Name INTERBUSINESS RESOURCES, INC.			
Principal Place of Business % ALAN B. SASLAW 20801 BISCAYNE BOULEVARD, SUITE 304 AVENTURA, FL 33180		Mailing Address % ALAN B. SASLAW 20801 BISCAYNE BOULEVARD, SUITE 304 AVENTURA, FL 33180	
2. Principal Place of Business C/O PAUL TEMPLER Suite, Apt. #, etc. 8811 CLEARY BLVD. City & State PLANTATION, FL Zip 33324		3. Mailing Address C/O PAUL TEMPLER Suite, Apt. #, etc. 8811 CLEARY BLVD. City & State PLANTATION, FL Zip 33324	
Country USA		Country USA	
4. FEI Number 65-0135638		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SASLAW, ALAN B % ALAN B. SASLAW 20801 BISCAYNE BOULEVARD, SUITE 304 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name PAUL TEMPLER Street Address (P.O. Box Number is Not Acceptable) 8811 CLEARY BLVD. City PLANTATION	
State FL		Zip Code 33324	
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:  PAUL TEMPLER 2/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DT NAME TEMPLER, PAUL STREET ADDRESS 8811 CLEARY BLVD CITY-ST-ZIP PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE DT NAME TEMPLER, PAUL STREET ADDRESS 8811 CLEARY BLVD. CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SASLAW, ALAN B STREET ADDRESS 20801 BISCAYNE BOULEVARD, SUITE 304 CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE D NAME SASLAW, ALAN B STREET ADDRESS 20801 BISCAYNE BOULEVARD, SUITE 304 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME ROBERTS, JESSICA D STREET ADDRESS 3801 S OCEAN DR #1-V CITY-ST-ZIP HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE PD NAME ROBERTS, JESSICA D STREET ADDRESS 3801 S OCEAN DR #1-V CITY-ST-ZIP HOLLYWOOD, FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  PAUL TEMPLER		Date: 2/14/06 Daytime Phone #: 954-419465	