

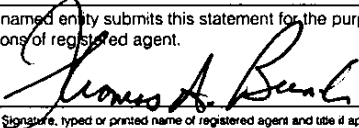
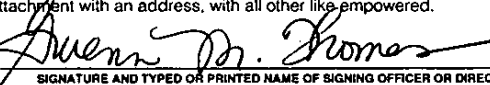


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90071 003 ****61.25

DOCUMENT # N98000004105 1. Entity Name INVESTMENT FRAUD RESTORATION FINANCING CORPORATION					
Principal Place of Business C/O RAYMOND K. PETTY 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308			Mailing Address C/O RAYMOND K. PETTY 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308		
2. Principal Place of Business c/o Thomas A. Beenck Suite, Apt. #, etc. 1801 Hermitage Blvd.		3. Mailing Address c/o Thomas A. Beenck Suite, Apt. #, etc. 1801 Hermitage Blvd.			
City & State Tallahassee, Florida		City & State Tallahassee, Florida		4. FEI Number 59-3533807	
Zip 32308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETTY, RAYMOND K 1801 HERMITAGE BLVD TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Thomas A. Beenck Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Boulevard, Suite 100 City Tallahassee FL Zip Code 32308	
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  THOMAS A. BEENCK 2/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P STIPANOVICH, C. C 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308	<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	T THOMAS, GWENN 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308	<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	DC MCPHERSON, ROCKY 11351 ULMERTON RD. LARGO, FL 337781630	<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	D WHITE, TERRY 4040 ESPLANADE WAY TALLAHASSEE, FL 323997000	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tucker, Susan 4040 Esplanade Way Tallahassee, FL 32399-7000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXON, DON 200 E GAINES STREET TALLAHASSEE, FL 323990375	<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	<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 exemption stated in Section 119.07(3)(l), 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:  GWENN M. THOMAS 2/24/05 850.413.1393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					