## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N98000004105  1. Entity Name INVESTMENT FRAUD RESTORATION FINANCING CORPORATION						-04-2005 9	-		
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			4 1   <b>1   1   1   1   1   1   1</b>   1   1   1				
2. Principal Place of Business c/o Thomas A. Beenck		3. Mailing Address c/o Thomas A. Beenck							
Suite, Apt. #, etc. 1801 Hermitage Blvd.		Suite, Apt. #, etc. 1801 Hermitage Blvd.			02242005 C	ng-NP	CR2E	37 (10/03)	
City & State Tallahassee, Florida		City & State Tallahassee,	Florida	4. FEI Number 59-3533807		7		<del></del>	oplied For of Applicable
Zip 32308	Country USA	Zip 32308	Country USA		5. Certificate of St	atus Desired		\$8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent			7. Name and Add	ress of New	Registered		
	o. Name and Address of Current	adistered Whent	Name		7. Natile allu Aud	1055 01 11011	negistered	Agent	
PETTY, RA	AYMOND K	ı	744776	Tho	mas A. Bee	nck			
1801 HERI	MITAGE BLVD SSEE, FL 32308		Street A	Street Address (P.O. Box Number is Not Acceptable)					
			180	l Her	mitage Bou	levard,	Suite		
	•		Ta1	lahas	see		Fi	Zip Cod 3230	
	named enlity submits this statement for	the purpose of changing its	registered office of	registere	ed agent, or both, in	the State of F	lorida. I am		
the obligat	ions of registered agent.								
	$\mathcal{A}_{i}$ $I \mathcal{R}_{i}$		<i>A</i> .	0			· /- · ·	/ _	
SIGNATURE.	Signature, typed or printed name of registered agent a		YAS A . (c) E: Registered Agent signat	DEE/	when reinstating)		DATE ,	105	<del></del>
-	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund C	E: Registered Agent signat inpaign Financing contribution.		\$5.00 May Be Added to Fees	Flo	rida Depa	ck payable to	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 850.413,1393