2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000027472

1. Entity Name

INSURANCE REPORTING ASSOCIATES INC.



Principal Place of Business

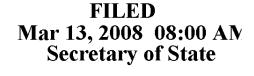
4111 METRIC DRIVE

SUITE 3 WINTER PARK, FL 32792 Mailing Address

4111 METRIC DRIVE

SUITE 3

WINTER PARK, FL 32792





DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CF

CR2E034 (11/05)

4. FEI Number 59-3634435

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRONKIE, CHRIS 4111 METRIC DRIVE SUITE 3 WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

	ions of registered agent.	nithose or cuandard its redistered our	Se Or n	agisterad agent, or oc	in the State of Florida. I am familiar with, and acce	μι	
SIGNATURE_	Signature, typed or printed name of registered agent and little it	Lanolicable (NOTE Registered Agent	şıgnature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000856597 03/28/08-80018-015 150.00		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BRONKIE. CHRIS 2840 NORTHAMPTON AVE. ORLANDO, FL 32828						
NAME STREET ADDRESS CITY-ST-ZIP	VD BRONKIE, DEBORA L 2840 NORTHAMPTON AVE ORLANDO, FL 32828						
TITLE NAME STREET ADDRESS CHY-ST-ZIP			,	DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE							

12. I hereby certify that the information supplied with this filling 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 607, 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:

STREET ADDRESS
CITY ST- 2IP
TITLE
NAME
STREET ADDRESS
CITY ST- 2IP

Deliva Bushe

DEBORA BRONKIE

3-10-08

4076730505

Dayter