

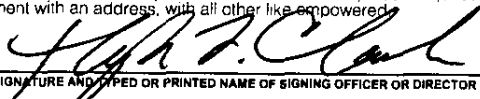


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000037713</b>			
1. Entity Name INTERACTIVE RESOURCES GROUP, INC.			
Principal Place of Business 1025 GREENWOOD BLVD. SUITE 351 LAKE MARY, FL 32746		Mailing Address 1025 GREENWOOD BLVD. SUITE 351 LAKE MARY, FL 32746	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02042008 No Chg-P CR2E034 (11/05)	
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number 59-3717138	
		Applied For Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CLARK, HUGH L JR. 1025 GREENWOOD BLVD. SUITE 351 LAKE MARY, FL 32746			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		U00000951630 06/04/08-80043-014 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P CLARK, HUGH L JR. 1025 GREENWOOD BLVD. LAKE MARY, FL 32746	
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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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			