


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90610 001 \*\*\*750.00

<b>DOCUMENT # P01000037801</b> 1. Entity Name <b>INTERNATIONAL RECOVERY &amp; REMITTANCE SYSTEMS, INC.</b>	
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Principal Place of Business <b>5201 REAVENWOOD RD #111 FT LAUDERDALE, FL 33312</b>	Mailing Address <b>5201 REAVENWOOD RD #111 FT LAUDERDALE, FL 33312</b>
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04052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1092003</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WHITEHEAD, JOSEPH F 5201 REAVENWOOD RD #111 FT LAUDERDALE, FL 33312</b>
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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, 2006 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SCHULTZ, JARED A 5201 RAVENSWOOD ROAD, SUITE 111 FORT LAUDERDALE, FL 33312</b>
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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: Jared A Schultz **JARED A SCHULTZ** 4-13-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #