2006 FOR PROFIT CORPORATION

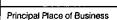
ANNUAL REPORT

DOCUMENT # P01000037801

1. Entity Name

INTERNATIONAL RECOVERY & REMITTANCE SYSTEMS,

INC.



Mailing Address

5201 REAVENWOOD RD #111 FT LAUDERDALE, FL 33312

5201 REAVENWOOD RD #111 FT LAUDERDALE, FL 33312

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

05-08-2006 90610 001 ***750.00



04052006 DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-1092003 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

WHITEHEAD, JOSEPH F 5201 REAVENWOOD RD #111 FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

No Chg-P

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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHULTZ, JARED A 5201 RAVENSWOOD ROAD, SUITE 1 FORT LAUDERDALE, FL 33312	i11		• .	• .
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME Street address City-St-Zip				DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #