


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90013 022 \*\*\*150.00

<b>DOCUMENT # P01000114816</b> 1. Entity Name <b>INTERNATIONAL ASSET RECOVERY, INC.</b>					
Principal Place of Business <b>2015 BROAD STREET BROOKSVILLE FL 34604</b>			Mailing Address <b>2015 BROAD STREET BROOKSVILLE FL 34604</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>P.O. Box 15629 BROOKSVILLE, FL 34604</b>			
4. FEI Number <b>41-2027442</b>		Applied For <input type="checkbox"/> 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>MARGESON, KENNETH E 2015 BROAD STREET BROOKSVILLE FL 34604</b>					
7. Name and Address of New Registered Agent Name <b>KENNETH E. MARGESON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2226 FENTRESS CT.</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34609</b>					
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 <i>Kenneth E Margeson</i> DATE <b>3-13-06</b> <small>(NOTE: Registered Agent signature required when consolidating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARGESON, KENNETH E 2015 BROAD STREET BROOKSVILLE FL 34604		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Kenneth E Margeson</i> <b>KENNETH E. MARGESON</b> <b>3-13-06</b> <b>813-235-4702</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					