

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 10, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| DOCUMENT # P02000040237  |  |  |
| 1. Entity Name<br>INTEGRATED RAAPID SYSTEMS, INC.                                  |  |   |
| Principal Place of Business<br>700 W GRANADA BLVD, STE 104<br>ORMOND BCH, FL 32174 | Mailing Address<br>700 W GRANADA BLVD, STE 104<br>ORMOND BCH, FL 32174 |   |



07172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>48-1265660                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

KAVANAGH, BERNARD  
 3111 KAILANI CT  
 ORMOND BCH, FL 32174

**DO NOT WRITE IN THIS SPACE**

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: Bernard Kavanagh (NOTE: Registered Agent signature required when reinstating)

DATE: July 19, 2006

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | P                      |
| NAME           | KAVANAGH, BERNARD      |
| STREET ADDRESS | 3111 KAILANI CT        |
| CITY-ST-ZIP    | ORMOND BEACH, FL 32174 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

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 08/11/06-80001-024 150.00

**DO NOT WRITE IN THIS SPACE**

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: Bernard Kavanagh Date: July 19, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #