
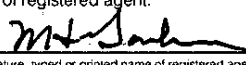
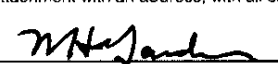


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-25-2004 90001 034 \*\*\*158.75

<b>DOCUMENT # P03000112323</b>			
1. Entity Name INTERACTIVE RESOURCES TECHNOLOGY, INC.			
Principal Place of Business 4629 RUE BORDEAUX AVE LUTZ, FL 33558		Mailing Address 4629 RUE BORDEAUX AVE LUTZ, FL 33558	
2. Principal Place of Business 3514 W. ARRAH ST		3. Mailing Address 3959 VAN DYKE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 848 246	
City & State Tampa, FL		City & State Lutz, FL	
Zip 33612	Country USA	Zip 33558	Country USA
6. Name and Address of Current Registered Agent  GARDNER, MICHAEL H 4629 RUE BORDEAUX AVE LUTZ, FL 33558		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 5/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, MICHAEL H 4629 RUE BORDEAUX AVE LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>MH GARDNER</b>		Date: 5/21/04 Daytime Phone #: 813-854-2223	

49076317



03042004 Chg-P CR2E034 (10/03)

4. FEI Number 72-1331034 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required