

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126323

Entity Name: IRA INVESTMENTS INC.

FILED  
Apr 20, 2005  
Secretary of State

**Current Principal Place of Business:**

P O BOX 7339  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

3105 W WATERS AVE  
SUITE 315  
TAMPA, FL 33614 US

**Current Mailing Address:**

P O BOX 7339  
WESLEY CHAPEL, FL 33543 US

**New Mailing Address:**

3105 W WATERS AVE  
SUITE 315  
TAMPA, FL 33614 US

FEI Number: 57-1190991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAFTON, BRIAN M  
109 E ROBERTSON STREET  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LALWANI, INDIRA J  
Address: P O BOX 7339  
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LALWANI, INDIRA J  
Address: 3105 W WATERS AVE, STE 315  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INDIRA LALWANI

P

04/20/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date