

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90360 029 ***150.00

DOCUMENT # P05000019823

1. Entity Name
TECHNOLOGY INVESTMENT & RESEARCH CORPORATION



Principal Place of Business Mailing Address

**10460 ROOSEVELT BOULEVARD NORTH
 SUITE 131
 ST. PETERSBURG, FL 33716**

**10460 ROOSEVELT BOULEVARD NORTH
 SUITE 131
 ST. PETERSBURG, FL 33716**

2. Principal Place of Business 3. Mailing Address

334 EAST LAKE ROAD **334 EAST LAKE ROAD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 212 **SUITE 212**

City & State City & State

PAUM HARBOR, FL **PAUM HARBOR, FL**

Zip Country Zip Country

34685 **USA** **34685** **USA**



03102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-2300239 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

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 _____ (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 Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	GRANT, RUSS
STREET ADDRESS	10460 ROOSEVELT BOULEVARD NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	334 EAST LAKE RD, SUITE 212
CITY-ST-ZIP	PAUM HARBOR, FL 34685
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRAY, GLORIA
STREET ADDRESS	334 EAST LAKE RD, SUITE 212
CITY-ST-ZIP	PAUM HARBOR, FL 34685
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____ Date: **4/27/06** Daytime Phone #: **727-564-9540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR