2008 FOR[illegible]T CORPORATION AN[illegible]L REPORT

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DOCUMENT # P07000010838

1. Entity Name
INVESTIGATIVE RESOURCES UNLIMITED, INC.

FILED
08 JAN 10 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01072008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6204 SOUTH GRADY AVENUE TAMPA, FL 33616	6204 SOUTH GRADY AVENUE TAMPA, FL 33616

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 130706
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA, FLORIDA
Zip / Country	Zip: 33681 / Country: United States America

4. FEI Number: 11-3804454 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIRCHGESSNER, LOUIS R
6204 SOUTH GRADY AVENUE
TAMPA, FL 33616

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P KIRCHGESSNER, LOUIS R 6204 SOUTH GRADY AVE TAMPA, FL 33616 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 01/26/07 60122 024- $87.60
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600115394206 01/17/08--01027--001 **60.00
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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: Louis R. Kirchgessner LOUIS R KIRCHGESSNER 01/08/2008 (813)918-3908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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01/08/08

Hey Michelle,

Please Dont Forget to Apply the $90 Tyrone forgot to Reimburse me for the Fictious Name Cancellation. Any Questions, Please Call me @ (813) 918-3908

Thanks

Louis —