


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000047972	
1. Entity Name INTERACTIVE RESPONSE TECHNOLOGIES, INC.	

Principal Place of Business 4410 N STATE ROAD 7 SUITE 200 FORT LAUDERDALE, FL 33319 US	Mailing Address 4400 N. STATE RD 7 FORT LAUDERDALE, FL 33319 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0420554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOBBO, SANDRA 4500 NORTH STATE ROAD SUITE 301 FORT LAUDERDALE, FL 33319

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ORLOVE, L M 4410 N STATE RD 7 FT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLASS, HOWARD 4410 N STATE ROAD 7 SUITE 200 FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOBBO, SANDRA 4410 N STATE RD 7 FT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/20/04-80022-007 150.00

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IN THIS SPACE**

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: <u>Sandra Gobbo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-12-2004</u> <small>Date</small>	<u>954-717-0240</u> <small>Daytime Phone #</small>