## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000047972

Entity Name: INTERACTIVE RESPONSE TECHNOLOGIES, INC.

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4410 N STATE ROAD 7 4410 N STATE ROAD 7

FORT LAUDERDALE, FL 33319 SUITE 200

US FORT LAUDERDALE, FL 33319 US

**New Mailing Address: Current Mailing Address:** 

4400 N. STATE RD 7

FORT LAUDERDALE, FL 33319 US

FEI Number: 65-0420554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GOBBO, SANDRA GOBBO, SANDRA

4500 NORTH STATE ROAD 4500 NORTH STATE ROAD 7

SUITE 301 SUITE 301

FORT LAUDERDALE, FL 33319 US FORT LAUDERDALE, FL 33319 US

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: 03/28/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T&D () Delete Title: (X) Change ( ) Addition

ORLOVE, LEWIS M Name: ORLOVE, L M Name: 4500 N STATE RD 7 4500 N STATE RD 7 Address: Address: City-St-Zip: FT LAUDERDALE, FL 33319 City-St-Zip: FT LAUDERDALE, FL 33319

Title: Title: () Delete (X) Change ( ) Addition

Name: GLASS, HOWARD Name: EYCHNER, RICHARD 4500 N STATE ROAD 7 4500 NORTH STATE RD 7 Address: Address: FORT LAUDERDALE, FL 33319 FT LAUDERDALE, FL 33319 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

GOBBO, SANDRA Name: Name: 4500 N STATE RD 7 Address: Address: City-St-Zip: FT LAUDERDALE, FL 33319 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

EYCHNER, RICHARD Name: Name: Address: 4500 NORTH STATE RD 7 Address: City-St-Zip: FORT LAUDERDALE, FL 33319 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SANDRA GOBBO S 03/28/2008