ANNUAL REPORT							
1. Entity Nam			FILED				
INTERNATIONAL RECOVERY SERVICES, INC., A DIVISION OF 1ST MERCHANTS TRUST INTERNATIONAL				05 MAR 25 PM 1: 17			
5201 RAVEN SUITE 111	ncipal Place of Business Mailing Address O1 RAVENSWOOD RD 5201 RAVENSWOOD RD ITE 111 SUITE 111 LAUDERDALE, FL 33312 FT LAUDERDALE, FL 3331			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
. D	OO NOT WRITE I	O1132005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0468456 Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							
5201 RAVI SUITE 111	F. WHITEHEAD, P.A. ENSWOOD RD. I ERDALE, FL. 33312	DO NOT WRITE 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 Signature, typod 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, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DIRI	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHULTZ, JARED 5201 RAVENSWOOD RD SUITE 11 ⁻ FT LAUDERDALE, FL 33312	1		04/05	00049: \$/050105	9176 4024	:51 **650.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				pro	<i>\</i> \\		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	ŗ.	DO	NOT W	RITE	
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN ⁻	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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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 expowered 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: 4

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #