2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Feb 15, 2008 8:00 am **Secretary of State** DOCUMENT # P94000061057 02-15-2008 90009 022 ***158.75 INTERNATIONAL RESEARCH CONCEPTS, INC. Principal Place of Business Mailing Address 8544 ASPEN AVE. 8544 ASPEN AVE. ORLANDO, FL 32817 ORLANDO, FL 32817 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01072008 Chg-P Applied For 4. FEI Number City & State City & State 59-3268761 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FINKBEINER, FRANK G Street Address (P.O. Box Number is Not Acceptable) 108 EAST HILLCREST STREET ORLANDO, FL 32801 City 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. DATE Signstyre, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DIRECTOR ☐ Change **Addition** TITI F TITLE ☐ Defete ROBERT A. PALUMBO 1835 SENICA BOULEVARD CUSTIS, JOHN P NAME NAME STREET ADDRESS 8544 ASPEN AVE. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 ORLANDO, FL 32817 CITY-ST-ZIP Addition ☐ Change ☐ Delete DIRECTOR TITLE NAME JOHN P. CUSTIS, JR. 807 FIRST STREET STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS, FL 32701 CITY-ST-ZIP CTTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADORESS 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 trultee expowered to execute his 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

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02/11/2008 407-678-183