2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2005 08:00 AM **DOCUMENT # P95000059890 Secretary of State** INNOVATIVE RESEARCH OF AMERICA, INC. Mailing Address Principal Place of Business 2 NORTH TAMIAMI TRAIL PO BOX 3319 SARASOTA, FL 34230 SUITE 404 US SARASOTA, FL 34236 No Chg-P CR2E034 (10/03) 03032005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0604295 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHAFIE, SAMIR M 2 NORTH TAMIAMI TRAIL IN THIS SPACE SARASOTA, FL 34236 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. U00000254790 50<u>-001 150.</u>00 SIGNATURE. 03/07/05-0 Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Apent sonature required when remaining) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SHAFIE, SAMIR M NAME STREET ADDRESS 2 NORTH TAMIAMI TRAIL #404 CITY-ST-ZIP SARASOTA, FL 34236 THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST-ZIP

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.

SAM M. SHAFIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED