


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000046529</b> 1. Entity Name INNOVATIVE RESEARCH AND DEVELOPMENT CORPORATION	
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Principal Place of Business 2430 PERIWINKLE WAY STE B SANIBEL ISLAND, FL 33957	Mailing Address PO BOX 716 SANIBEL ISLAND, FL 33957
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01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0679808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ARMENIA, JOHN  
3430 PERIWINKLE WAY  
SUITE B2  
SANIBEL ISLAND, FL 33957

**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, typed 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMENIA, JOHN 15631 CAPTIVA DR. S.W. CAPTIVA ISLAND, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALCIANO, ALFRED 15072 BRIAR RIDGE CIRCLE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMENIA, LUCY 15631 CAPTIVA DR. S.W. CAPTIVA ISLAND, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lucy Armenia, Secy.* 3/14/07 239-395-9300