
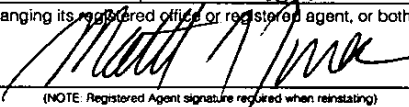
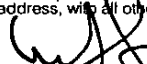


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90336 039 ***150.00

DOCUMENT # P97000046991 1. Entity Name INTERNATIONAL RESOURCES CORPORATION						
Principal Place of Business 1600 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309			Mailing Address 1600 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309			
2. Principal Place of Business 3000 W. Cypress Creek Rd. Suite, Apt. #, etc.		3. Mailing Address same as principal Suite, Apt. #, etc.				
City & State Fort Lauderdale, FL Zip 33309		Country U.S.		City & State Fort Lauderdale, FL Zip 33309		
4. FEI Number 65-0911566		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAMILLO, JOHN M ESQ 1600 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Matthew T. Jones Street Address (P.O. Box Number is Not Acceptable) 3000 W. Cypress Creek Rd. City Fort Lauderdale FL Zip Code 33309			
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:  4/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAMAN, PHILIP 1600 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.C. 3000 W. Cypress Creek Rd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William O. Spruce 3000 W. Cypress Creek Rd. Fort Lauderdale, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Matthew T. Jones 3000 W. Cypress Creek Rd Fort Lauderdale, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Deborah S. Gardner 3000 W. Cypress Creek Rd Fort Lauderdale, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.						
SIGNATURE:  William O. Spruce 4/1/05 954 483 6525 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

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03032005 Chg-P CR2E034 (10/03)