## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

1. Entity Nam	MENT # P9700009186 IRD CORP.	4					ary or s
3417 D, TAN	MIAMI TRL. 3	lailing Address 3417 D, TAMIAMI TRL. PT. CHARLOTTE, FL 33952					
DO NOT WRITE IN THIS SPA			CE	01212008 4. FEI Numbe 65-079	No Chg-P	CR2E034 (	
PT. CHAR	RIAN D AMIAMI TRL. RLOTTE, FL 33952	DO NOT WRITE IN THIS SPACE  ared office or registered agent, or both, in the State of Florida. Lam familiar with, and accept					
	Signature, typed or printed name of registered agent and title		ed Agent signature required		in, in the State of the	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees	05/06/08-80056-017 150.00		
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRECT MD ARDEL, BRIAN D 3417 D, TAMIAMI TRL. PT. CHARLOTTE, FL 33952	TORS	-				

## 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 legat 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:

CITY-ST-ZIP

IIILE
NAME
STREET ADDRESS
CITY-ST-ZIP

IIILE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CONTACT TO THE THE TO THE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

941627-3882