


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90210 028 ***150.00

DOCUMENT # P98000053433 1. Entity Name INTERNATIONAL RESORT MARKETING FIRM, INC.					
Principal Place of Business 788 STATE ROAD 434 SUITE B LONGWOOD, FL 32750			Mailing Address 788 STATE ROAD 434 SUITE B LONGWOOD, FL 32750		
2. Principal Place of Business 6865 S. Hwy 17/92 Suite, Apt. #, etc.		3. Mailing Address 6865 S. Hwy 17/92 Suite, Apt. #, etc.			
City & State CASSELBERRY, FL Zip 32730		City & State CASSELBERRY, FL Zip 32730		4. FEI Number 52-2100783	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, SCOT R 788 STATE ROAD 434, STE B LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name PETERSON N. CHRIS Street Address (P.O. Box Number is Not Acceptable) 6865 S. Hwy 17/92 City CASSELBERRY FL Zip Code 32730		
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 <u><i>Chris Peterson</i></u> 4-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	CEO P PETERSON, N. CHRIS <input type="checkbox"/> Delete 788 STATE ROAD 434, STE B LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO - P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PETERSON, N. CHRIS 6865 S. Hwy 17/92 CASSELBERRY, FL 32730	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <u><i>Chris Peterson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-05 <small>Date Daytime Phone #</small>		

14006123



02112005 Chg-P CR2E034 (10/03)