2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105157

Entity Name: INVESTMENT RECOVERY NETWORK, INC.

FILED Jan 05, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
1511 N WESTSHORE BLVD STE 320 TAMPA, FL 33607 US				2002 N LOIS AVE # 660 TAMPA, FL 33607 US			
Current M	ailing Addre	ss:	New Mailing Address:				
1511 N WE TAMPA, FI		LVD STE 320 S		2002 N LO TAMPA, FL	IS AVE # 660 _ 33607	IS	
FEI Number:	59-3555049	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:		Name and	Address of	New Registered Agent:	
	RA, THOMAS TO BAY BLVE _ 33629 U), SUITE 309					
The above in the State	named entity of Florida.	submits this statement for the p	urpose o	f changing i	ts registered	office or registered agent, or bot	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	nt			Date	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	CTORS:		ADDITION	S/CHANGES	S TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	MAGNAN, ROE 265 CATALAN			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	RAHALL, R J) Delete SHORE BLVD STE 320 6607		Title: Name: Address: City-St-Zip:	D (X RAHALL, R J 2002 N LOIS A TAMPA, FL 3		
Title: Name: Address: City-St-Zip:	MORSBACH, O	SHORE BLVD STE 320		Title: Name: Address: City-St-Zip:	MORSBACH, 2002 N LOIS	AVE # 660	
Title: Name: Address: City-St-Zip:	SMITH, DALE) Delete SHORE BLVD STE 320 607		Title: Name: Address: City-St-Zip:	D (X SMITH, DALE 2002 N LOIS A TAMPA, FL 33		
Title: Name: Address: City-St-Zip:	MANNING, RIC	SHORE BLVD STE 320		Title: Name: Address: City-St-Zip:	D (2 MANNING, RIG 2002 N LOIS A TAMPA, FL 3	AVE # 660	
Title: Name: Address: City-St-Zip:	S/T (SOUZA, MOIR. 501 SOUTH D/ TAMPA, FL 33	AKOTA AVE		Title: Name: Address: City-St-Zip:	S/T (X SOUZA-SHIVE 2002 N LOIS / TAMPA, FL 3	AVE # 660	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MAGNAN P 01/05/2005