

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000016906

1. Entity Name
IRAGE, INCORPORATED



Principal Place of Business

801 SEA FARMER CR
BLDG. 801, APT. 302
JUPITER, FL 33477

Mailing Address

801 SEA FARMER CR
BLDG. 801, APT. 302
JUPITER, FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00004076

City & State

City & State

01122005 Chg-P CR2E034 (10/03)

Zip

Country

Zip

Country

4. FEI Number
65-0905969

Applied For

Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EID, BADR
801 SEA FARMER CR
#302
JUPITER, FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD Delete
NAME: EID, BADR
STREET ADDRESS: 801 SEA FARMER CR
CITY-ST-ZIP: JUPITER, FL 33477

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

 Change Addition

TITLE: Delete
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STREET ADDRESS:
CITY-ST-ZIP:

 Change Addition

TITLE: Change Addition
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 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

 Change 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:

Booth East

3/6/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #