

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90391 001 ***150.00
04-19-2007 90391 002 *****8.75

DOCUMENT # P99000016906 1. Entity Name IRAGE, INCORPORATED					
Principal Place of Business 801 SEA FARER CR BLDG. 801, APT.302 JUPITER, FL 33477			Mailing Address 801 SEA FARER CR BLDG. 801, APT.302 JUPITER, FL 33477		
2. Principal Place of Business - No P.O. Box # 176 sea shore DR Suite, Apt. #, etc. JUPITER FL City & State		3. Mailing Address 176 sea shore DR Suite, Apt. #, etc. JUPITER FL City & State			
Zip 33477	Country USA	Zip 33477	Country USA	4. FEI Number 65-0905969	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EID, BADR 801 SEA FARER CR #302 JUPITER, FL 33477			7. Name and Address of New Registered Agent Name EID BADR Street Address (P.O. Box Number is Not Acceptable) 176 sea shore DR City JUPITER FL Zip Code 33477		
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 _____ <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, 2007 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	PD EID, BADR 801 SEA FARER CR JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/19/07 (511) 2553821 <small>Daytime Phone #</small>		