2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S48131

Entity Name: INSURANCE RESOURCE ALLIANCE INC.

FILED Sep 05, 2005 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	FORT PKWY IVILLE, FL 32256	US			
Current Mailing Address:			New Maili	New Mailing Address:	
	FORT PKWY IVILLE, FL 32256	US			
FEI Number	: 59-3061520 FE	I Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of Curre	nt Registered Agent:	Name and	Address of New Registered Agent:	
5150 BELF	DER, MICHAEL N FORT RD IVILLE, FL 32256	US			
	named entity subme of Florida.	nits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic Si	gnature of Registered Age	ent	Date	
	, ,,), F.S., the corporation did no st Fund Contribution().	t receive the prior notic	e.	
OFFICER	S AND DIRECTOR	S:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delet BINCZAK, RODNEY \ 5015 ORTEGA FARM JACKSONVILLE, FL	W. IS BLVD	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition BINCZAK, RODNEY W. 5015 ORTEGA FARMS BLVD JACKSONVILLE, FL 32210	
Title: Name: Address: City-St-Zip:	VP () Delet GRIFFIN, KENT 8729 FREE AVE JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	VP/T (X) Change () Addition BINCZAK, LAURA 5015 ORTEGA FARMS BLVD JACKSONVILLE, FL 32210	
Title: Name: Address: City-St-Zip:	VP (X) Delei HARCLERODE, CHR 879 GARRISON DR SAINT AUGUSTINE, F	ISTOPHER	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPP () Delet BECK, WILLIAM B 12436 TEAL RUN JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition BECK, WILLIAM B 12436 TEAL RUN JACKSONVILLE, FL 32216	
Title: Name: Address: City-St-Zip:	VP (X) Delei WORTHINGTON, THO 8195 SABAL OAK LN JACKSONVILLE, FL	DMAS	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	EVPT (X) Delet SERGEANT, JERREY 27 S ROSCOE BLVD PONTE VEDRA BEAC	ſ B	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: RODNEY W BINCZAK PRES 09/05/2005