


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90019 038 ***150.00

| | | | | | |
|--|---|---------|---|---|--|
| DOCUMENT # V59797 1. Entity Name INFORMATION RESEARCH TECHNOLOGIES, INC. | | | |  | |
| Principal Place of Business 4553 GRAND BLVD 6 NEW PORT RICHEY, FL 34652 US | | | Mailing Address 4553 GRAND BLVD 6 NEW PORT RICHEY, FL 34652 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 04-3807453 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MELVIN, DONALD K. 332 N.E. 21ST COURT WILTON MANORS, FL 33305 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15631 Bertram Drive City Hudson FL Zip Code 34667 | |
| 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 renouncing) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | P MELVIN, DONALD K 332 N.E. 21ST COURT WILTON MANORS, FL 33305 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT Melvin, Donald K 15631 Bertram Dr. Hudson, FL 34667 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT WEBB, SHERRIE L 10500 HIBISCUS DRIVE PORT RICHEY, FL 34668 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Webb, Sherrie L. 10500 Hibiscus Dr. Port Richey, FL 34668 | |
| 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 | |
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| 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: Sherrie L. Webb <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Jan. 29, 2008 <small>Date</small> | | |
| | | | (727) 853-0137 <small>Daytime Phone #</small> | | |