


**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
08 AUG 19 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003845					
1. Entity Name IRISH AMERICAN MANAGEMENT SERVICES LIMITED, INC.					
Principal Place of Business 5020 CLARK RD. #148 SARASOTA, FL 34233		Mailing Address 5020 CLARK RD. #148 SARASOTA, FL 34233			
2. Principal Place of Business - No P.O. Box # 1170 3rd Street South Suite, Apt. #, etc. Suite C-206 City & State Naples, FL		3. Mailing Address 1170 3rd Street South Suite, Apt. #, etc. Suite C-206 City & State Naples, FL		06042008 Chg-P CR2E034 (12/08)	
Zip 34102		Country USA		4. FEI Number NOT APPLICABLE	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAREAU, JEFF 5020 CLARK RD. #148 SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Suite 4 City Weston FL Zip Code 33331		
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. By: <u>Xonda Diven, Assistant Secretary</u> SIGNATURE: <u>Xonda Diven, Assistant Secretary</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>6/30/08</u>					
Amended AR is \$61.25		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	C GAREAU, RENE 128 LOWER BAGGOT ST. DUBLIN 2, IRELAND, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00013466510 08/20/08 01023-015 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KELLY, PATRICK 128 LOWER BAGGOT ST. DUBLIN 2, IRELAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCABE, JOHN RATH STUB HOUSE, ASHORE COUNTY MEATH, IRELAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAREAU, JEFFREY 128 LOWER BAGGOT ST. DUBLIN 2, IRELAND, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Patrick K. Kelly, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

KS