



**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90040 046 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P07000093029</b> 1. Entity Name <b>GREAT IRISH PUBS KC INC.</b>					
Principal Place of Business <b>% THOMAS, BECK, ZURCHER &amp; WHITE, P.A.          1302 ORANGE AVENUE          WINTER PARK, FL 32789</b>			Mailing Address <b>% THOMAS, BECK, ZURCHER &amp; WHITE, P.A.          1302 ORANGE AVENUE          WINTER PARK, FL 32789</b>		
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 <b>98-0546726</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Appoint Fee Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORP. DIRECT AGENTS, INC.          515 EAST PARK AVENUE          TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Home Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		
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 _____ DATE _____ <small>(Signature of Registered Agent or Secretary of State)</small> <small>(Name, Registered Agent Signature Required when returning)</small> <small>(Date)</small>					
<b>FILE NOW!! FEE IS \$150.00          After May 1, 2008 Fee will be \$350.00</b>		9. Election Certificate Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>President/Secretary</b>	NAME <b>Nolan, Paul</b>	STREET ADDRESS <b>170 W 14th Street</b>	CITY-STATE-ZIP <b>Kansas City, MO 64105</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE <b>Vice President</b>	NAME <b>Cooke, John</b>	STREET ADDRESS <b>170 W 14th Street</b>	CITY-STATE-ZIP <b>Kansas City, MO 64105</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 furnished 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 appointed to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report or on an attachment with my title as well as other fee empowers.					
SIGNATURE: 			TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR <b>JOHN COOKE</b>		
DATE: <b>4/23/08</b>			SIGNATURE: 