

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068274

FILED
Mar 30, 2005
Secretary of State

Entity Name: GAELIC PUB DEVELOPMENT, INC.

Current Principal Place of Business:

17 S. FORT LAUDERDALE BEACH BLVD
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

17 S. FORT LAUDERDALE BEACH BLVD
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0871355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, CHRISTINA
9 CAYUGA ROAD
SEA RANCH LAKES, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIFFITH, CHRISTINA
Address: 9 CAYUGA ROAD
City-St-Zip: SEA RANCH LAKES, FL 33308

Title: VP (X) Delete
Name: KEARNEY, CHRISTINA
Address: 17 S. FORT LAUDERDALE BEACH BLVD
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE GRIFFITH

PD

03/30/2005

Electronic Signature of Signing Officer or Director

_____ Date