2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003845

COUNTY MEATH, IRELAND,

City-St-Zip:

Entity Name: IRISH AMERICAN MANAGEMENT SERVICES LIMITED, INC.

FILED Jul 16, 2009 Secretary of State

Current P	rincipal Place o	of Business:	New Principal Place	New Principal Place of Business:	
1170 3RD STREET SOUTH			1170 3RD STREET S	OUTH	
SUITE C-206			SUITE C-206		
NAPLES, I	FL 34102		NAPLES, FL 34102	US	
Current N	lailing Address	:	New Mailing Addres	New Mailing Address:	
1170 3RD STREET SOUTH			1170 3RD STREET S	1170 3RD STREET SOUTH	
SUITE C-206			SUITE C-206		
NAPLES, I	FL 34102		NAPLES, FL 34102	US	
FEI Number	:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	l Address of Cu	rrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
2731 EXEC SUITE 4 WESTON	PVICES, INC. CUTIVE PARK E FL 33331 US		nurnose of changing its registers	d office or registered agent, or both,	
	e of Florida.	ibilitis tilis statement for the	purpose of changing its registere	d office of registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered A	gent	Date	
		2)(b), F.S., the corporation did Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	DPS ()[Delete	Title:	() Change () Addition	
Name:	KELLY, PATRICK		Name:		
Address:	128 LOWER BAG		Address:		
City-St-Zip:	DUBLIN 2, IRELA	ND,	City-St-Zip:		
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	MCCABE, JOHN		Name:	· () · · · · · · · · · · · · · · · · ·	
Address:	RATH STUB HOU	ISE. ASHORE	Address:		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICK KELLY, PRESIDENT P 07/16/2009