2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F16461
1. Entity Name

SHAMROCK REALTY, INC.

Principal Place of Business

HARTNETT, ROBERT C

2121 CAMDEN ROAD

ORLANDO, FL 32803

SUITE B

2121 CAMDEN ROAD

SUITE B ORLANDO, FL 32803



FILED Jan 27, 2006 08:00 AN Secretary of State

Mailing Address

2121 CAMDEN ROAD

SUITE B

ORLANDO, FL 32803



X

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01092006 CR2E034 (11/05) No Chg-P

4. FEI Number 59-2056532

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when Rehistating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTNETT, ROBERT C 2121 CAMDEN ROAD, SUITE B ORLANDO, FL 32803				000000405014 02/07/06-80024-001 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NOLAN, WILLIAM T 2121 CAMDEN RD. SUITE B ORLANDO, FL					
NAME SIREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		-	IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u>-</u> ·	· .	

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, withyalf other like empowered.

NING OFFICER OR DIRECTOR