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2007 FOR PROFIT CORPORA	Apr 06, 2007 8:00 am	
ANNUAL REPORT	Secretary of State	
DCUMENT # J76694 nity Name SH POP, INC.		04-06-2007 90026 024 ***150.00

DOCU 1. Entity Nam IRISH PC						04-06-2007	90026 024 ***	130.00
'	ce of Business H FLORIDA AVE. FL 34442 US	Mailing Address 2780 NORTH FLORIDA STE. 14			40	051525		
		HERNANDO, FL 3444	2 US				OLDA BUBU OLDA BABU DOLA	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03192007	Chg-P	CR2E034 (12/06	5)
City & Stat	e .	City & State	***		4. FEI Number 59-28199	990	<del></del>	Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of		□ \$8.75 A	dditional
	6. Name and Address of Current	t Registered Agent	1		7. Name and A	ddress of New Re	<u> </u>	
	RY A. OPKA AVE. SS, FL 34451			Street Addres	raent, Poss (P.O. Box Number i B.O. N. Paul	tricia. is Not Acceptable) Dr	)	
ı				City En	verness,		FL Zip Co	ode 1453
	e named entity submits this statement fi tions of registered agent.	or the purpose of changing its	a registere	J	ŭ	in the State of Flor		
the obligate SIGNATURE.		ext - Patricia i and title of applicable (NOT	5 a. TE Registered	CAENT d Aged signature required		in the State of Fixe	4 · 2 · 0	7
the obligate SIGNATURE.	Lions of registered agent.  Signature, typed or priviled name of registered engineration.  E NOW!!!! FEE IS \$150.00	9. Election Campa Trust Fund Con	5 a. TE Registered	CAENT d Aged signature required	55.00 May Be		4-2-0 DATE  CERS AND DIRECTO	
signature.  Fil.  After M.	Signature, typed or printed name of registered attack.  E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con	TE Requisterer aign Finan tribution.  11. IIILE NAMI STRE	TARNT d Aged signature required incing PD R ET ADDRESS	ADDITIONS/CHPDS Lichard A. War 330 N. Paul	HANGES TO OFFIC Kefield Dr.	CERS AND DIRECTO	DRS IN 11
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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER MANE OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone