2606 FOR PROFIT CORPORATION

Apr 28, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L25293 1. Entity Name SHAMROCK MARKETING CORPORATION Principal Place of Business Mailing Address 1166 BEACH RD. PO BOX 14667 SINGER ISLAND, FL 33404 NORTH PALM BEACH, FL 33408 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0151098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATTHEWS, JAMES DO NOT WRITE 1166 BEACH RD. SINGER ISLAND, FL 33404 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent soggiture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MATTHEWS, JAMES U00000545765 STREET ADDRESS 1166 BEACH RD. 05/11/06-80088-021 150.00 CITY-ST-ZIP SINGER ISLAND, FL 33404 TILLE NAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARK STREET ADDRESS CITY-ST-ZIP MLE

12. I hereby certify that the information supplied with this filling of indicated on this report or supplemental report is true and ad-of the corporation or the receiver of trustee empowered to be othes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 attache

KTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

4-15-06 SW-312-3361

FILED