2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001679

Entity Name: KREWE OF SHAMROCK, INC.

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

510 TIGHE AVE 18106 SWEET JASMINE DR SEFFNER, FL 33584 US TAMPA, FL 33647 US

Current Mailing Address: New Mailing Address:

FEI Number: 59-3633643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRAUNER, LINDA R
510 TIGHE AVE
BEVIS, PAMELA R
18106 SWEET JASMINE DR

510 TIGHE AVE 18106 SWEET JASMINE DR SEFFNER, FL 33584 US TAMPA, FL 33647 US

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: PAMELA BEVIS 06/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 HUBBELL, TIMOTHY A
 Name:
 STANLEY, MARK A

 Address:
 P.O. BOX 172786
 Address:
 3084 DUMONT AVE

 City-St-Zip:
 TAMPA, FL 336720786
 City-St-Zip:
 SPRINGHILL, FL 34609

Title: VP () Delete Title: VP (X) Change () Addition Name: STANLEY, MARK Name: JENKINS, CHRIS

Address: 3084 DUMONT AVE Address: 16203 E COURSE DR
City-St-Zip: SPRINGHILL, FL 34609 City-St-Zip: TAMPA, FL 33624

Title: TREA () Delete Title: TREA (X) Change () Addition
Name: BRAUNER, LINDA Name: BEVIS, PAMELA

Address: 510 TIGHE AVE Address: 18106 SWEET JASMINE DR

City-St-Zip: SEFFNER, FL 33584 City-St-Zip: TAMPA, FL 33647

Title: SEC () Delete Title: SEC (X) Change () Ac

 Title:
 SEC () Delete
 Title:
 SEC (X) Change () Addition

 Name:
 KLEINHANS, BARBARA
 Name:
 BOGUE, JEFFREY

 Address:
 1702 BARCLAY RD
 Address:
 307 1/2 S NEWPORT AVE

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33606

Title: SAAD () Delete Title: () Change () Addition Name: BYRD, DARIUS Name:

 Address:
 P.O. BOX 172786
 Address:

 City-St-Zip:
 TAMPA, FL 336720786
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA BEVIS TREA 06/17/2009

Electronic Signature of Signing Officer or Director

Date