2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000285

Name: Address:

City-St-Zip:

1514 HIGHLAND LN

DELRAY BEACH, FL 33444

FILED Apr 26, 2004 Secretary of State

Entity Name: ST. PATRICK'S DAY EVENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 118 NE 16TH ST DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 118 NE 16TH ST DELRAY BEACH, FL 33444 FEI Number: 65-1073537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLAGHER, EDWARD 118 NE 16TH ST DELRAY BEACH, FL 33444 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GALLAGHER, EDWARD Name: Name: Address: P.O. BOX 247 Address: City-St-Zip: DELRAY BEACH, FL 33447 City-St-Zip: Title: () Delete Title: () Change () Addition GALLAGHER, MARGARET Name: Name: Address: P.O. BOX 247 Address: City-St-Zip: DELRAY BEACH, FL 33447 City-St-Zip: Title: () Delete Title: () Change () Addition GOLDMAN, SETH

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD R. GALLAGHER D 04/26/2004