## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N03000008484

The state of the s

Entity Name: ST. PATRICK'S DAY COMMITTEE, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 144844 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** PO BOX 144844 CORAL GABLES, FL 33134 FEI Number: 59-1862399 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: VASALLO, CHRISTOPHER D KELLEY, CHRISTOPHER P 11098 BISCAYNE BOULEVARD 2605 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US SUITE 205 MIAMI, FL 33161 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: CHRISTOPHER P. KELLEY 06/15/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CAMERON, CARROLL PRES Name: Name: 7305 S.W. 123RD TERRACE Address: Address: PINECREST, FL 33156 City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: LINDEMAN, JON B VP Name: Address: 8480 S.W. 66TH STREET Address: City-St-Zip: MIAMI, FL 33143 24 City-St-Zip: Title: () Delete Title: () Change () Addition DOHERTY, JOHN P TREASUR Name: Name: 9810 S.W. 115 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MCSHANE, ANN SEC Name: Name: Address: 16250 S.W. 272 STREET Address: City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN P. DOHERTY T 06/15/2006