


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90047 018 *****61.25

DOCUMENT # N49001	
1. Entity Name THE IRISH EDUCATIONAL ASSOCIATION, INC.	

Principal Place of Business 6412 NW 128 STREET GAINESVILLE FL 32653 US	Mailing Address 6412 NW 128 STREET GAINESVILLE FL 32653 US
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2. Principal Place of Business <i>Home</i>	3. Mailing Address <i>6412 NW 128 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>G. ville FL</i>	City & State <i>G. ville FL</i>
Zip <i>32653</i>	Country <i>USA</i>



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3129979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, EILEEN A. 6412 N.W 128 ST GAINESVILLE FL 32653	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>NONE</i> FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, CHARLES PO BOX 326 OCEAN GATE NJ 08740	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, PAUL 6726 Wakefield Dr. #1 Alexandria, VA 22307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINN, BRIAN 7213 REBECCA DR ALEXANDRA VA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Executive Director</i> SULLIVAN, EILEEN A 6412 NW 128 STREET GAINESVILLE FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD PAUL SULLIVAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>SULLIVAN, PAUL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eileen A. Sullivan* *1/27/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #