

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114575

FILED
Apr 27, 2004
Secretary of State

Entity Name: THE GAELIC TRADING COMPANY

Current Principal Place of Business:

4025 TAMPA RD
1104
OLDSMAR, FL 34677

New Principal Place of Business:

4025 TAMPA RD
STE 1104
OLDSMAR, FL 34677

Current Mailing Address:

4025 TAMPA RD
1104
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3760415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEVLIN, KATHRYN M
3312 COBBS COURT
PALM HARBOR, FL 34684

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEVLIN, KATHRYN M
Address: 3312 COBBS COURT
City-St-Zip: PLAM HARBOR, FL 34684 US

Title: CEO () Delete
Name: O'KRAAGLEY, MICHAEL
Address: 4025 TAMPA RD #1104
City-St-Zip: OLDSMAR, FL 34677

Title: CFO (X) Delete
Name: BROWN, WILLIAM
Address: 4025 TAMPA RD #1104
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: SHEVLIN, BARRY
Address: 4025 TAMPA RD #1104
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN M. SHEVLIN

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04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date