

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90396 046 \*\*\*158.75

<b>DOCUMENT # P02000128019</b> 1. Entity Name IRISH SURF CULTURE, INC.			
Principal Place of Business 13500 SUTTON PARK DRIVE SOUTH SUITE 801 JACKSONVILLE, FL 32224		Mailing Address 13500 SUTTON PARK DRIVE SOUTH SUITE 801 JACKSONVILLE, FL 32224	
2. Principal Place of Business 2022 Cherokee Dr.		3. Mailing Address 2022 Cherokee Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Neptune Bch. FL		City & State Neptune Bch. FL	
Zip 32266		Zip 32266	
Country USA		Country USA	
4. FEI Number 20-2121653		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MURPHY, SHAUN A 13500 SUTTON PARK DRIVE SOUTH SUITE 801 JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name: Wooten, Chris M Street Address (P.O. Box Number is Not Acceptable): 2022 Cherokee Drive Neptune Bch. FL City: FL Zip Code: 32266	
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: <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE: 3-30-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, SHAUN 41 FAIRWAY LANE JACKSONVILLE BEACH, FL 32258	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, CHRIS M 525 BIRCH STREET NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3-30-06 Daytime Phone #: (904) 247-0050	