

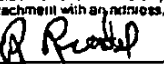


**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90037 041 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P04000009054</b>			
1. Entity Name WEST GAELIC RIVER CORPORATION			
Principal Place of Business 7306 MARSH TERRACE PORT ST LUCIE, FL 34986		Mailing Address PO BOX 15974 NEWPORT BEACH, CA 92658	
2. Principal Place of Business P.O. Box 15974 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 15974 Suite, Apt. #, etc.	
City & State NEWPORT BEACH, CA		City & State NEWPORT BEACH, CA	
Zip 92663-5974		Country ORANGE	
4. FEI Number 83-0384182		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent DANIELLE DIESTEL Street Address (P.O. Box Number is Not Acceptable) 7306 MARSH TERRACE City PORT ST. LUCIE FL 34986	
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 agents.			
SIGNATURE: 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	DIESTEL, DANIELLE C	7306 MARSH TERRACE	PORT ST LUCIE, FL 34986
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 employees.			
SIGNATURE: 		DATE: 02-15-05	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		DATE	

66022943



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