

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153211

Entity Name: SHAMROCK CONSULTING, INC.

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

3161 SECRET WOODS TRAIL WEST
JACKSONVILLE, FL 32216

New Principal Place of Business:

518 FRUIT COVE ROAD
JACKSONVILLE, FL 32259

Current Mailing Address:

3161 SECRET WOODS TRAIL WEST
JACKSONVILLE, FL 32216

New Mailing Address:

518 FRUIT COVE ROAD
JACKSONVILLE, FL 32259

FEI Number: 42-1649037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIPLEY, JOSEPH M JR
5515 PHILLIPS HWY
JACKSONVILLE, FL 32207 US

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: WILSON, MARIANNE
Address: 3161 SECRET WOODS TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST () Delete
Name: WILSON, TOMMY L
Address: 3161 SECRET WOODS TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, MARIANNE
Address: 518 FRUIT COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32259

Title: ST (X) Change () Addition
Name: WILSON, TOMMY L
Address: 518 FRUIT COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32259

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

SIGNATURE: MARIANNE WILSON

PRES

04/09/2007

Electronic Signature of Signing Officer or Director

Date