2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2007 08:00 AM **DOCUMENT # P05000006497 Secretary of State** 1. Entity Name IRELAND TRUCKING INC. Principal Place of Business Mailing Address 3756 HYDE PARK DRIVE 3756 HYDE PARK DRIVE FT MYERS, FL 33905 FT MYERS, FL 33905 03042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2173711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent IRELAND, ANGELA DO NOT WRITE 3756 HYDE PARK DRIVE FT MYERS, FL 33905 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE IRELAND, GARRY NAME 3756 HYDE PARK DRIVE STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33905 U00000665857 03/23/07-80046-014 150.00 VΡ TITLE NAME IRELAND, ANGELA STREET ADDRESS 3756 HYDE PARK DRIVE CITY-ST-ZIP FT MYERS, FL 33905 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-71P TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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