2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# P06000125331

Entity Name: DICEY REILLY'S IRISH PUB, INC.

Current Principal Place of Business:

1107 EASTERN AVE.
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1107 EASTERN AVE.
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-5893425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTER H. MESSICK, P.A.
1900 CORPORATE BLVD.
SUITE 305 WEST
BOCA RATON, FL 33431 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: D ( ) Delete
Name: REILLY, BRIDGET
Address: 1107 EASTERN AVE.
City-St-Zip: ST. CLOUD, FL 34769

Title: DPS ( ) Delete
Name: WALSH, MARGARET
Address: 1107 EASTERN AVE.
City-St-Zip: ST. CLOUD, FL 34769

Title: DVT ( ) Delete
Name: WALSH, JAMES
Address: 1107 EASTERN AVE.
City-St-Zip: ST.CLOUD, FL 34769

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition
Name: REILLY, MICHAEL
Address: 1107 EASTERN AVE
City-St-Zip: ST. CLOUD, FL 34769

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: MARGARET A. WALSH DPS 04/10/2007

Electronic Signature of Signing Officer or Director — Date