2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# P08000100540

Entity Name: FOUR SHAMROCK CORPORATION

Current Principal Place of Business:

1950 NICOLE LEE CIRCLE
APT 824
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1950 NICOLE LEE CIRCLE
APT 824
APOPKA, FL 32703

New Mailing Address:

FEI Number: 26-3689466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNIZ, CARMEN L
15648 CARRIAGE HILL COURT
CLERMONT, FL 34711 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: PENA, ELIZABETH M
Address: 1950 NICOLE LEE CIRCLE APT 824
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete
Name: MUNIZ, CARMEN L
Address: 15648 CARRIAGE HILL COURT
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: DEMARI, INES S
Address: 1950 NICOLE LEE CIRCLE APT 824
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete
Name: MARTINEZ, MARIA A
Address: 2609 LEATH COURT
City-St-Zip: DALLAS, TX 75212

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

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH M PENA P 02/20/2009

Electronic Signature of Signing Officer or Director Date