


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

05-18-2006 90015 036 ***150.00

DOCUMENT # P94000048863					
1. Entity Name IRELAND INTERNATIONAL, INCORPORATED					
Principal Place of Business 263 DEER ISLE DR WINTER GARDEN, FL 32787			Mailing Address PO BOX 98 KILLARNEY, FL 34740-0069		
2. Principal Place of Business 115 W. Henschen Ave			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Oakland FL			City & State FL		
Zip 3460		Country		4. FEI Number 59-3259348	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent IRELAND, GERRY 263 DEER ISLE DR WINTER GARDEN, FL 32787			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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: <u>Gerry Ireland</u> <u>Gerry Ireland</u> <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS	NAME IRELAND, GERRY <input type="checkbox"/> Delete		TITLE	NAME 115 W Henschen Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	263 DEER ISLE DR		STREET ADDRESS	Oakland, FL 34760	
CITY-ST-ZIP	WINTER GARDEN, FL 32787		CITY-ST-ZIP	Oakland, FL 34760	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-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 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: <u>Gerry Ireland</u>			<u>4/26/06</u> <u>407-877-0268</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		