

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062391

FILED
Apr 18, 2006
Secretary of State

Entity Name: SHAMROCK INSURANCE SERVICES, INC.

Current Principal Place of Business:

8655 PINES BOULEVARD
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

12575 ORANGE DRIVE
#302
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0696496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, BERNARD A
3107 STIRLING ROAD
#105
FORT LAUDERDALE, FL 33312 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: PD () Delete
Name: CARROLL, JAMES S
Address: 12575 ORANGE DRIVE, STE 302
City-St-Zip: DAVIE, FL 33330

Title: VPD () Delete
Name: CARROLL, TARA N
Address: 12575 ORANGE DRIVE, STE 302
City-St-Zip: DAVIE, FL 33330

Title: STD (X) Delete
Name: GILES, JANET L
Address: 12575 ORANGE DRIVE, STE 302
City-St-Zip: DAVIE, FL 33330

Title: D (X) Delete
Name: CARROLL, JOHN P
Address: 12575 ORANGE DRIVE, STE 302
City-St-Zip: DAVIE, FL 33330

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 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: JAMES S. CARROLL

PRES

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date