


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90018 012 \*\*\*150.00

<b>DOCUMENT # P96000062391</b>	
1. Entity Name <b>SHAMROCK INSURANCE SERVICES, INC.</b>	

Principal Place of Business <b>8655 PINES BOULEVARD PEMBROKE PINES, FL 33024</b>	Mailing Address <b>12575 ORANGE DRIVE #302 DAVIE, FL 33330</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>8655 Pines Boulevard</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Pembroke Pines, FL</b>
Zip	Zip <b>33024</b>
Country	Country <b>USA</b>



02222007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0696496</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SINGER, BERNARD A 3107 STIRLING ROAD #105 FORT LAUDERDALE, FL 33312</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARROLL, JAMES S 12575 ORANGE DRIVE, STE 302 DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARROLL, TARA N 12575 ORANGE DRIVE, STE 302 DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **Vice Pres** 2/28/07 954 4436930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #