2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 0
Secretary of

DOCUMENT # P99000021304

1. Entity Name
FULL SCHILLING (FLORIDA) INC.

Principal Place of Business	Mailing Address
GLENLION TRUST 23B MARY STREET LITTLE DUBLIN 7, DUBLIN, IRELAND, OC	GLENLION TRUST 23B MARY STREET LITTLE DUBLIN 7, DUBLIN, IRELAND, OC

04082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0201349
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNICHOLAS, JOHN
160 TAHITI STREET
NAPLES, FL 34113

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOHERTY, MOYA
STREET ADDRESS	DANES HOLLOW THE BAILEY THORMANDY ROAD
CITY-ST-ZIP	HOWTH, DUBLIN, IRELAND,
TITLE	V
NAME	WYNNE, PADRAIG
STREET ADDRESS	33 ASHLAWN BALLINTEER RD
CITY-ST-ZIP	DUBLIN 16, IRELAND,
TITLE	T
NAME	MCCARTHY, GARRETT
STREET ADDRESS	249 MOYVILLE RATHFARMHAM
CITY-ST-ZIP	DUBLIN 16, IRELAND,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/07-80087-017 158.75

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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: Moya Doherty 10 April 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #