

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021304

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: FULL SCHILLING (FLORIDA) INC.

## Current Principal Place of Business:

GLENLION TRUST  
23B MARY STREET LITTLE  
DUBLIN 7, DUBLIN, IRELAND, OC 00000 OC

## New Principal Place of Business:

## Current Mailing Address:

GLENLION TRUST  
23B MARY STREET LITTLE  
DUBLIN 7, DUBLIN, IRELAND, OC 00000 OC

## New Mailing Address:

FEI Number: 98-0201349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCNICHOLAS, JOHN  
160 TAHITI STREET  
NAPLES, FL 34113 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: DOHERTY, MOYA  
Address: DANES HOLLOW THE BAILEY THORMANDY ROAD  
City-St-Zip: HOWTH, DUBLIN, IRELAND, OC

Title: V ( ) Delete  
Name: WYNNE, PADRAIG  
Address: 33 ASHLAWN BALLINTEER RD  
City-St-Zip: DUBLIN 16, IRELAND, OC

Title: T ( ) Delete  
Name: MCCARTHY, GARRETT  
Address: 249 MOYVILLE RATHFARMHAM  
City-St-Zip: DUBLIN 16, IRELAND, OC

## 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:

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: JOHN MCNICHOLAS

PRES

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date