

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P99000021304 <b>1. Entity Name</b> FULL SCHILLING (FLORIDA) INC.		00110000	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> C/O GLENLION CLIFFS Suite, Apt. #, etc. OLD GARRICKBRACK ROAD City & State HOWTH CO. DUBLIN IRELAND Zip Country		<b>3. Mailing Address</b> C/O GLENLION CLIFFS Suite, Apt. #, etc. OLD GARRICKBRACK ROAD City & State HOWTH CO. DUBLIN IRELAND Zip Country	
<b>4. FEI Number</b> 98-0201349		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b> Name CORPORATION SERVICES CO. Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET City TALLHASSEE FL Zip Code 32501	
<b>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.</b>			
<b>SIGNATURE</b> _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1, 2003 - May 1, 2003 \$150.00 After May 1, 2003 \$50.00 Attached \$50.00 Make check payable to Florida Department of State		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PRESIDENT MOYA DOHERTY 15 GREENFIELDS RD., SUTTON DUBLIN 13, IRELAND		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	V.P./SECRETARY PADRAIG WYNNE 33 ASHLAWN, BALLINTER RD. DUBLIN 16, IRELAND		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TREASURER GARRETT MCCARTHY 249 MOYVILLE, RATHFARMHAM DUBLIN 16, IRELAND		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____ _____ _____		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____ _____ _____		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____ _____ _____		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>SAW</i>		<b>Date</b> 09/01/03 <b>Daytime Phone #</b> 7353-1-889490	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			

Attachment#

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80143666

DOCUMENT # <u>P99000021304</u>			
1. Entity Name <u>FULL SCHILLING (FLORIDA) INC.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>C/O DANES HOUSE</u>		3. Mailing Address <u>C/O DANES HOUSE</u>	
Suite, Apt. #, etc. <u>THE BAILY, HOWTH</u>		Suite, Apt. #, etc. <u>THE BAILY, HOWTH</u>	
City & State <u>CO. DUBLIN</u>		City & State <u>CO. DUBLIN</u>	
Zip	Country <u>IRELAND</u>	Zip	Country <u>IRELAND</u>
DO NOT WRITE IN THIS SPACE		4. FEI Number	
		Applied For	
		Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <u>FL</u> 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Original Fee: \$150.00 After May 1, 2003: \$350.00 Amended UBR: \$6125 Make check payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	