


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 769993
1. Entity Name
THE WESTSHORE ALLIANCE, INC.



Principal Place of Business 5444 BAY CENTER DRIVE, STE 115 WATERMARK 13 TAMPA, FL 33609 US	Mailing Address 5444 BAY CENTER DRIVE, STE 115 WATERMARK 13 TAMPA, FL 33609 US
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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2330147** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROTELLA, RONALD
5444 BAY CENTER DR
SUITE 115
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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 **1/5/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUFFA, PAULA 5444 BAY CTR DR- #115 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MECHANIK, DAVID 5444 BAY CTR DR- #115 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ROTELLA, RONALD T. 5444 BAY CTR DR- #115 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESSMAN, JIM 5444 BAY CTR DR- #115 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COULTER, JAY 5444 BAY CENTER DR - 115 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000389680
01/20/06-80056-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:  DATE **1/5/06** 813-288-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR