


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90024 003 \*\*\*\*70.00

**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



2. Principal Place of Business - No P.O. Box #  
 3109 W. Dr. MLK Jr. Blvd.  
 Suite, Apt. #, etc.  
 Suite 140

3. Mailing Address  
 3109 W. Dr. MLK Jr. Blvd.  
 Suite, Apt. #, etc.  
 Suite 140

01072008 Chg-NP CR2E037 (12/06)

City & State  
 Tampa, FL

City & State  
 Tampa, FL

4. FEI Number  
 59-2330147

Applied For  
 Not Applicable

Zip  
 33607

Country  
 USA

Zip  
 33607

Country  
 USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3109 W. Dr. MLK Jr. Blvd.  
 Suite 140  
 City Tampa FL Zip Code 33607

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 1/7/08  
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, 2008**

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

**Make check payable to Florida Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Paula Buffa 3109 W. Dr. MLK Jr. Blvd., Suite 140 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Mechanik 3109 W. Dr. MLK Jr. Blvd. Suite 140 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3109 W. Dr. MLK Jr. Blvd., Suite 140 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jim Wessman 3109 W. Dr. MLK Jr. Blvd., Suite 140 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dan Woodward 3109 W. Dr. MLK Jr. Blvd., Suite 140 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 1/7/08 Daytime Phone #