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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S11628

1. Entity Name
SHORELINE RESORTS, INC.



Principal Place of Business 3015 N. OCEAN BLVD. SUITE 121 FT. LAUDERDALE, FL 33308	Mailing Address 3015 N. OCEAN BLVD. SUITE 121 FT. LAUDERDALE, FL 33308
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07 MAY 25 PM 1:19
TALLAHASSEE, FLORIDA



04232007 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0237699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A
3015 N. OCEAN BLVD.
STE 121
FT. LAUDERDALE, FL 33308

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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

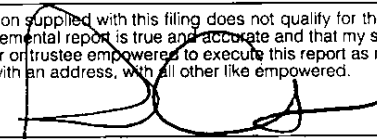
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANDAU, MARC J 3015 N. OCEAN BLVD. STE. 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOSTER, REBECCA A 3015 N. OCEAN BLVD. STE. 121 FORT LAUDERDALE, FL 33308
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12. 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:  DATE: _____ DAYTIME PHONE #: 954.563.2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR