
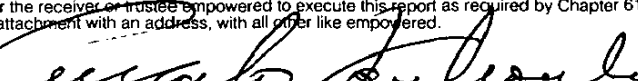


FILED
Jan 31, 2006 8:00 am
Secretary of State

60009423



DOCUMENT # 811627						01-31-2006 90014 004 ****61.25	
1. Entity Name THE SHORELAND, INC.							
Principal Place of Business 1203 HILLSBORO MILE HILLSBORO BEACH, FL 33062 US				Mailing Address 1203 HILLSBORO MILE HILLSBORO BEACH, FL 33062 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BLOCK, JOHN 1202 HILLSBORO MILE HILLSBORO BEACH POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Bauer, John Street Address (P.O. Box Number is Not Acceptable) 1203 Hillsboro Mile City Hillsboro Beach FL Zip Code 33062			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOCK, JOHN			NAME	Bauer, John		
STREET ADDRESS	1202 HILLSBORO MILE			STREET ADDRESS	1203 Hillsboro Mile		
CITY-ST-ZIP	HILLSBORO BEACH, FL			CITY-ST-ZIP	Hillsboro Beach, FL 33062		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOUKOULIS, ANGELO			NAME			
STREET ADDRESS	1203 HILLSBORO MILE			STREET ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH, FL			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUER, JOHN			NAME	Czocher James		
STREET ADDRESS	1203 HILLSBORO MILE			STREET ADDRESS	1202 Hillsboro Mile		
CITY-ST-ZIP	HILLSBORO BEACH, FL			CITY-ST-ZIP	Hillsboro Beach, FL 33062		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINTERS, LINDA			NAME			
STREET ADDRESS	1203 HILLSBORO MILE			STREET ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH, FL			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INFANTE, BETTY			NAME			
STREET ADDRESS	1203 HILLSBORO			STREET ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				01/26/06 954.427-4393			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			