## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000001943

Entity Name: WESTSHORE MANAGEMENT, INC.

FILED Mar 28, 2007 Secretary of State

| Current Principal Place of Business:  | New Principal Place of Business:  |
|---|---|
| 10069 N. FLORIDA AVE.<br>SUITE A-3<br>TAMPA, FL 33612                                   | 9107 WOODRIDGE RUN DRIVE<br>TAMPA, FL 33647                                 |
| Current Mailing Address:  | New Mailing Address:  |
| 10069 N. FLORIDA AVE.<br>SUITE A-3<br>TAMPA, FL 33612                                   | 9107 WOODRIDGE RUN DRIVE<br>TAMPA, FL 33647                                 |
| FEI Number: 02-0564761 FEI Number Applied For ( )                                       | FEI Number Not Applicable ( ) Certificate of Status Desired ( )             |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |
| HAYES, MICHAEL<br>10069 N. FLORIDA AVE.<br>SUITE A-3<br>TAMPA, FL 33612 US              | HAYES, MICHAEL<br>9107 WOODRIDGE RUN DRIVE<br>TAMPA, FL 33647 US            |
| The above named entity submits this statement for in the State of Florida.              | the purpose of changing its registered office or registered agent, or both, |
| SIGNATURE: MICHAEL E. HAYES   | 03/28/2007  |
| Electronic Signature of Registered  | l Agent Date  |
| Election Campaign Financing Trust Fund Contribution ( ).                                |   |
| OFFICERS AND DIRECTORS:   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                                |
| Title: CP ( ) Delete Name: HAYES MICHAEL  | Title: ( ) Change ( ) Addition<br>Name:                                     |

Address: 9107 WOODRIDGE RUN DRIVE Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip:

Title: VCV ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HILL, DAVID
 Name:

 Address:
 325 WEST STATE STREET
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32650
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. HAYES CP 03/28/2007