

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002852

FILED
Jan 14, 2008
Secretary of State

Entity Name: THE LONG TIDE, INC.

Current Principal Place of Business:

5500 MILITARY TRAIL #22-345
JUPITER, FL 33458

New Principal Place of Business:

745 US HIGHWAY ONE
104
NORTH PALM BEACH, FL 33408

Current Mailing Address:

5500 MILITARY TRAIL #22-345
JUPITER, FL 33458

New Mailing Address:

745 US HIGHWAY ONE
104
NORTH PALM BEACH, FL 33408

FEI Number: 36-4410842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARUSO, MARGARET
745 US HWY ONE #208
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GORA, VALERIE
Address: 5500 MILITARY TRAIL #22-345
City-St-Zip: JUPITER, FL 33458

Title: P () Delete
Name: GORA, VALERIE
Address: 109 WETTAW LANE #104
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VPST () Delete
Name: CARUSO, MARGARET
Address: 109 WETTAW LANE #104
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GORA, VALERIE
Address: 745 US HIGHWAY US ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VALERIE GORA

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date