2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000534

City-St-Zip:

MELBOURNE BEACH, FL 32951

Entity Name: FLORIDRON (SOUTH SHORES) LIMITED, INC.

FILED Apr 12, 2007 Secretary of State

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Current Principal Place of Business:					New Principal Place of Business:				
	GHWAY A1A RNE BEACH, FL	_ 32951	US		7725 S. HI MELBOUR		1A H, FL 32951	US	
Current Mailing Address:					New Mailing Address:				
	GHWAY A1A RNE BEACH, FL	_ 32951	US		7725 S. HIG MELBOUR		1A H, FL 32951	US	
FEI Number:	59-3302691	FEI Numb	per Applied For ()	FEI Nur	nber Not Appl	licable ()	Certificate	of Status Desi	red ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
SCULTHORP, BRIAN 5555 S. HIGHWAY A1A MELBOURNE BEACH, FL 32951 US					SCULTHORP, BRIAN 7725 S. HIGHWAY A1A MELBOURNE BEACH, FL 32951 US				
	named entity s e of Florida.	ubmits thi	s statement for the _l	purpose c	of changing i	ts registere	ed office or reg	iistered agen	t, or both,
SIGNATURE:					04/12/2007				
Electronic Signature of Registered Agent					Date				
Election Car	npaign Financing	Trust Fund	l Contribution ().						
OFFICERS	S AND DIRECT	ORS:			ADDITION	IS/CHANG	ES TO OFFIC	ERS AND D	IRECTORS
Title: Name: Address: City-St-Zip:	DC () SCULTHORP, LE 7725 S. HIGHWA MELBOURNE BE	AY A1A	2951		Title: Name: Address: City-St-Zip:		() Change ()	Addition	
Title: Name: Address: City-St-Zip:	DS () SCULTHORP, BI 5555 S. HIGHWA MELBOURNE BI	AY A1A	2951		Title: Name: Address: City-St-Zip:	7725 S. HI	(X) Change() RP, BRIAN M GHWAY A1A NE BEACH, FL 3		
Title: Name: Address:	D () SMITH, ADRIAN 403 PENTLAND				Title: Name: Address:		() Change ()	Addition	

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.

City-St-Zip:

SIGNATURE: BRIAN M. SCULTHORP DS 04/12/2007