

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000275

FILED
Jan 20, 2009
Secretary of State

Entity Name: SHORESH/USA, INC.

Current Principal Place of Business:

5345 ORTEGA BLVD.
SUITE 12
JACKSONVILLE, FL 32210 US

Current Mailing Address:

PO BOX 551593
JACKSONVILLE, FL 32255 US

New Principal Place of Business:

5345 ORTEGA BLVD.
SUITE 8
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 54-1198162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALES, CHERYL MRS.
4821 SUNDERLAND RD
JACKSONVILLE, FL 32210 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

OFFICERS AND DIRECTORS:

Title: CH. () Delete
Name: WILLSON, SHERON D
Address: 3893 ARDEN STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: DIR. () Delete
Name: GONZALES, CHERYL
Address: 4821 SUNDERLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SEC. () Delete
Name: BROWN, STEPHEN M
Address: 862 CRESSWELL LANE WEST
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: TRES () Delete
Name: GLOVER, HENRY
Address: 2724 WOODLAND DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: PRES () Delete
Name: NEIL, LEBHAR REV.
Address: 3031 SECRET WOODS TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL GONZALES

DIR.

01/20/2009

Electronic Signature of Signing Officer or Director

Date