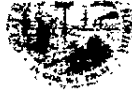



G78517

FILED
Apr 21, 2004 08:00 AM
Secretary of State

1. Entity Name SHORES ENTERPRISES, INC.			
Principal Place of Business 203 BROADWAY KISSIMMEE, FL 34741		Mailing Address 203 BROADWAY KISSIMMEE, FL 34741	
DO NOT WRITE IN THIS SPACE			
		04192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2538429	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SHORE, HELEN W. 201-3 BROADWAY KISSIMMEE, FL 32741		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1000000122548 04/21/04-80032-020 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY ST ZIP	PTS SHORE, HELEN W. 720 CANTERBURY LANE KISSIMMEE, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP	S CROSS, SUZAN 502 MABBETTE ST. KISSIMMEE, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <i>Helen W. Shore</i>		4/19/04 407.846.6922	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	