2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 23, 2007 08:00 AM **DOCUMENT # G78517 Secretary of State** SHORES ENTERPRISES, INC. Principal Place of Business Mailing Address 203 BROADWAY 203 BROADWAY KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 No Chg-P 01092007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2538429 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SHORE, HELEN W. DO NOT WRITE 201-3 BROADWAY KISSIMMEE, FL 32741 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. Skitheture, typed or project name of registered agent and title if ennifoshie (NOTE: Registered Agent signature reguzed when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SHORE, HELEN W. NAME STREET ADDRESS 720 CANTERBURY LANE CITY-ST-ZIP KISSIMMEE, FL U00000599511 01/25/07-80030-015 150.00 TITLE CROSS, SUZAN NAME STREET ADDRESS 502 MABBETTE ST. CITY-ST-7IP KISSIMMEE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

Daytime Phone #

Applied For

Not Applicable