2008 FOR PROFIT CORPORATION

FILED Mar 21, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # G78517 1. Entity Name SHORES ENTERPRISES, INC. Principal Place of Business Mailing Address 203 BROADWAY 203 BROADWAY KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 03152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2538429 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, wheel or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000865344 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution: Added to Fees OFFICERS AND DIRECTORS 10. TITLE SHORE, HELEN W. NAME STREET ADDRESS 720 CANTERBURY LANE KISSIMMEE, FL CITY-ST-ZIP TITLE CROSS, SUZAN NAME 502 MABBETTE ST. STREET ADDRESS KISSIMMEE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

NAME STREET ADDRESS CITY-ST-ZIP