2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# H23621

Entity Name: SHORELINE AIR SYSTEMS, INC.

Current Principal Place of Business:

3801 NW 49 ST
TAMARAC, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3801 NW 49 ST
TAMARAC, FL 33309 US

New Mailing Address:

FEI Number: 59-2447857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIST, THOMAS
510 SE 9TH AVE
POMPANO BCH, FL 33060 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RIST, THOMAS,
Address: 510 S.E. 9TH AVE.
City-St-Zip: POMPANO BEACH, FL

Title: ST ( ) Delete
Name: RIST, DALE
Address: 510 SE 9TH AVE
City-St-Zip: POMPANO BCH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RIST, THOMAS,
Address: 510 S.E. 9TH AVE.
City-St-Zip: POMPANO BEACH, FL 33060

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: THOMAS L. RIST PRES 01/05/2005
Electronic Signature of Signing Officer or Director Date