

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23621

FILED  
Jan 14, 2009  
Secretary of State

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 (X)

## 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:

RIST, SCOTT D  
3801 NW 49 ST  
TAMARAC, FL 33309 US

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: SCOTT D RIST

01/14/2009

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 33060

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change ( ) Addition  
Name: RIST, DALE  
Address: 510 SE 9TH AVE  
City-St-Zip: POMPANO BCH, FL 33060

Title: P ( ) Change (X) Addition  
Name: RIST, SCOTT D  
Address: 3801 NW 49 ST  
City-St-Zip: TAMARAC, FL 33309

Title: ST ( ) Change (X) Addition  
Name: RIST, DONALD  
Address: 3801 NW 49 ST  
City-St-Zip: TAMARAC, FL 33309

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

SIGNATURE: SCOTT D RIST

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date