2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K58646

1. Entity Name

SHORELAND BUILDERS, INC.

Principal Place of Business	Mailing Address
1576 SHORELAND DRIVE, EAST VERO BEACH FL 32963 US	PO BOX 4059 VERO BCH FL 32964 US

1st MOORE   CR2E034 (10/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number 65-0094157   □ Applied For / □ Not Applicable

5. Certificate of Status Desired □ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHEELWRIGHT, ROGER O. 1576 SHORELAND DRIVE EAST VERO BEACH FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee Will Be $550.00** **Make Check Payable to Florida Department of State**		9. Election Campaign Financing Trust Fund Contribution. □ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WHEELWRIGHT, ROGER O. 1576 SHORELANDS DR E VERO BCH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition U00000658433 03/15/07-80038-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _Roger O Wheelwright_ ROGER O. WHEELWRIGHT 3/3/07   772-231-7057