

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N06700

Entity Name: SAVE OUR SHORES (S.O.S.) INC.

Current Principal Place of Business:

1155 WINDING OAKS CIRCLE
#104
VERO BEACH, FL 32964

New Principal Place of Business:

Current Mailing Address:

P O BOX 3512
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 59-2481288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM C
1155 WINDING OAKS CIRCLE #104
VERO BEACH, FL 32963 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLYNN, WILLIAM
Address: 1802 BAREFOOR PLACE
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: ANDERSON, ROBERT
Address: 340 E WAVERLY PL #6-D
City-St-Zip: VERO BEACH, FL 32960

Title: S () Delete
Name: JOHNSON, WILLIAM C
Address: 1155 WINDING OAKS CIR #104
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: WALTHER, MICHAEL
Address: 3625-20TH STREET
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: MICHAEL P. WALTHER

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date