
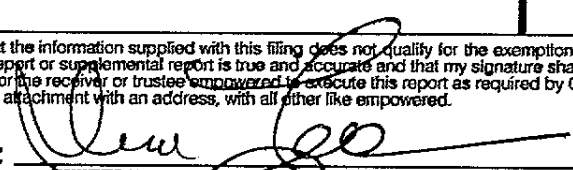


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000049221 1. Entity Name SHORELAND ENTERPRISES CORP.		
Principal Place of Business 2617 PARK ROAD HALLANDALE, FL 33009	Mailing Address 2617 PARK ROAD HALLANDALE, FL 33009	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FINKELSTEIN, MICHAEL 2617 PARK ROAD HALLANDALE, FL 33009		DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINKELSTEIN, MICHAEL 2617 PARK ROAD HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIRY, DALE 2617 PARK ROAD HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINKELSTEIN, ERIC 2617 PARK ROAD HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARLEY, GEORGE 2617 PARK ROAD HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1007018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000540551
05/10/06-80022-020 150.00

**DO NOT WRITE
IN THIS SPACE**