


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90199 024 ***158.75

DOCUMENT # P0000053058

1. Entity Name
 NORTH SHORE SYSTEMS GROUP, INC.



Principal Place of Business Mailing Address

~~2600 SW 33RD ST~~ 860 NE 120TH PL
~~UNIT 102~~ Ocala, FL 34479-1063
 Ocala, FL 34474

2. Principal Place of Business 3. Mailing Address

3391 E. Silver Springs Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite E

City & State City & State

Ocala FL

Zip Country Zip Country

34470 USA



01092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

GUTMAN, GERALD A
 860 NE 120TH PLACE
 Ocala, FL 34479-1063

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	GUTMAN, PATRICIA	
STREET ADDRESS	860 NE 120TH PLACE	
CITY-ST-ZIP	Ocala, FL 344791063	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	GUTMAN, GERALD A	
STREET ADDRESS	860 NE 120TH PLACE	
CITY-ST-ZIP	Ocala, FL 344791063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Gerald A. Gutman, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2006 352-873-2868
Date Daytime Phone #

Gerald A. GUTMAN