FILED 2005 FOR PROFIT CORPORATION ANNUAL REPORT May 02, 2005 08:00 AM Secretary of State DOCUMENT # P01000060582 1. Entity Name SOUTH WESTSHORE CORP. Principal Place of Business Mailing Address 2111 N. 15TH STREET TAMPA, FL 33605 2111 N. 15TH STREET TAMPA, FL 33605 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3748791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LANGFORD, EUGENE C DO NOT WRITE 1715 W. CLEVELAND ST. TAMPA, FL 33606 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 Signature, typed or printed name of registered agent end title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be _ Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PD TITLE LORTON, GEORGE H NAME STREET ADDRESS 2111 N 15 ST CITY-ST-ZIP **TAMPA, FL 33605** U00000353287 05/03/05-80061-010 150.00 TITLE D NAME SHIN, DAE 5201 S WESTSHORE BLVD STREET ADDRESS TAMPA, FL 33611 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Jeorge H.L