2008 FOR PROFIT CORPORATION ANNUAL REPORT						FILED 6
DOCUMENT # P0200009406 1. Entity Name DOCKSIDE INVESTMENTS, INC.				Feb 25, 2008 08 Secretary of S		
Principal Place 97315 BLAC YLLEE, FL 3	NEEEAFDSWAY	Mailing Address P.O BOX 1690 YULEE, FL 32041 US			II BRUN IITIN BRUU BRUU BRU	iff BBTH Ö ğliğ förk Bibt Bötlö Billöbi it 1881
D	O NOT WRITE	CE	01062008 4. FEI Numb 03-039	4. FEt Number Applied For Not Applied be \$2.5 Additional		
• •	8. Name and Address of Current Re	Independent of the control of the co	· · · · · · · · · · · · · · · · · · ·	5. Certificate	of Status Desired	Fee Required
YULEE, FL 8. The above the obligation	OLF ACKBEARD'S WAY L 32097 named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or regist	IN	NOT W THIS SF	PACE
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: R FILE NOWIL! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Trust Fund Contrib				5.00 May Be		DATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T JAMES, ANNA P.O. BOX 1690			,	U000008	391 <i>2</i> 5
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	YULEE, FL 32041		03/05/08-80058-023 150.00 DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				:		

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 afternment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GOVERN AND TYPED ON PRINTED NAME OF BIGNING OFFICER, OR DIRECTOR PESSIDENT