


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**


05-01-2006 90399 022 \*\*\*150.00

<b>DOCUMENT # P03000156481</b> 1. Entity Name FIRST SHORE, INC.	
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Principal Place of Business ONE INDEPENDENT DR JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DR JACKSONVILLE, FL 32202
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<b>DO NOT WRITE IN THIS SPACE</b>
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4000



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2437146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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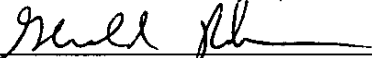
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PAYNE, TIMOTHY D ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT CROUCH, ROBERT P ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD TUTOR, TYRA H ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOLLAND, GREGORY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
<b>DO NOT WRITE IN THIS SPACE</b>	

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:**  **Signature and Typed or Printed Name of Signing Officer or Director**

Date \_\_\_\_\_ Daytime Phone # (904) 360-2704