

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000077308

**FILED**  
**Jul 18, 2006**  
**Secretary of State****Entity Name:** SOUTH SHORE INSURANCE & INVESTMENTS INC**Current Principal Place of Business:**410 S WARE BLVD  
SUITE 105  
TAMPA, FL 33619 US**New Principal Place of Business:****Current Mailing Address:**410 S WARE BLVD  
SUITE 105  
TAMPA, FL 33619 US**New Mailing Address:****FEI Number:** 20-1115787**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DEMASK, CRAIG  
410 SO WARE BLVD  
SUITE 105  
TAMPA, FL 33619 US**Name and Address of New Registered Agent:**APPLETON, TOM  
410 SO WARE BLVD  
SUITE 105  
TAMPA, FL 33619 US

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.

SIGNATURE: TOM APPLETON

07/18/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PVP ( ) Delete  
**Name:** DEMASK, CRAIG E  
**Address:** 410 S WARE BLVD. SUITE 105  
**City-St-Zip:** TAMPA, FL 33619 US**Title:** DIR (X) Delete  
**Name:** BERRY, CHRISTINA L  
**Address:** 6974 N.W. 33RD DRIVE  
**City-St-Zip:** LAKE PANASOFFKEE, FL 33538**Title:** DIR (X) Delete  
**Name:** HALL, DARRYL  
**Address:** 5306 CLEWIS AVE  
**City-St-Zip:** TAMPA, FL 33610**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DIR (X) Change ( ) Addition  
**Name:** DEMASK, JUDY A  
**Address:** 410 S WARE BLVD. SUITE 105  
**City-St-Zip:** TAMPA, FL 33619 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY DEMASK

DIR

07/18/2006

Electronic Signature of Signing Officer or Director

Date