


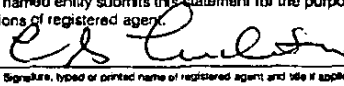

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/31

FILED Apr 19, 2005 8:00 am Secretary of State

03-30-2005 90033 037 ***150.00

DOCUMENT # P04000077914			
1. Entity Name 1009 OCEAN SHORE, INC.			
Principal Place of Business 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114		Mailing Address 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114	
2. Principal Place of Business 444 SEABREEZE BLVD.		3. Mailing Address 444 SEABREEZE BLVD.	
Suite, Apt. #, etc. SUITE 1000		Suite, Apt. #, etc. SUITE 1000	
City & State DAYTONABEACH, FL		City & State DAYTONA BEACH, FL	
Zip 32118	Country	Zip 32118	Country
5. Name and Address of Current Registered Agent LICHTIGMAN, CHARLES S 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD. SUITE 1000 City DAYTONA BEACH, FL Zip Code 32118	
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 and title if applicable		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTIGMAN, CHARLES S 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 444 SEABREEZE BLVD. SUITE 1000 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWER, DEVIN 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 444 SEABREEZE BLVD. SUITE 1000 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRES, JONATHAN 395 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 3/21/05 Daytime Phone #: 386 238 3600	

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03032005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1313842 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required