2008 FOR PROFIT CORPORATION

Jan 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P04000116272 SHORELIGHT STRATEGIES, INC. Principal Place of Business - -Mailing Address 5095 S WASHINGTON AVE SUITE 203 5095 S WASHINGTON AVE SUITE 203 TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 CR2E034 (11/05) 01172008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1542851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANZO, RICHARD A DO NOT WRITE 5095 S WASHINGTON AVE SUITE 104 TITUSVILLE, FL 32780 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or crinted name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SECCURO, PAUL J NAME STREET ADDRESS 5095 S WASHINGTON AVE SUITE 203 CITY-ST-ZIP TITUSVILLE, FL 32780 TITLE SECCURO, PAUL J NAME STREET ADDRESS 5095 S WASHINGTON AVE SUITE 203 000000800486 01/31/08-80019-011 158.75 CITY-ST-ZIP TITUSVILLE, FL 32780 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-7IP DILE NAME STREET ADDRESS

FILED