

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095996

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: SHORELINE STORM PROTECTION, INC.

## Current Principal Place of Business:

5777 BENEVA RD SOUTH  
SARASOTA, FL 34233

## New Principal Place of Business:

5773 BENEVA RD SOUTH  
SARASOTA, FL 34233

## Current Mailing Address:

5777 BENEVA RD SOUTH  
SARASOTA, FL 34233

## New Mailing Address:

5773 BENEVA RD SOUTH  
SARASOTA, FL 34233

FEI Number: 20-3110644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAGE, ADAM  
5777 BENEVA RD SOUTH  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

DAGENAIS, JENNIFER  
5777 BENEVA RD SOUTH  
SARASOTA, FL 34233 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: JENNIFER DAGENAIS

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DAGENAIS, TRAVIS  
Address: 2268 HIBISCUS STREET  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: DAGENAIS, JENNIFER  
Address: 2268 HIBISCUS STREET  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: DAGENAIS, ROD  
Address: 2104 CLEMATIS STREET  
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CADY, JOSHUA  
Address: 756 WEST LAKE CIR.  
City-St-Zip: SARASOTA, FL 34232 US

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: TRAVIS DAGENAIS

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date