2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P05000095996

Entity Name: SHORELINE STORM PROTECTION, INC.

Current Principal Place of Business:

5773 BENEVA RD SOUTH
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5773 BENEVA RD SOUTH
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-3110644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: CLEARY, JEFFERY
Address: 5449 CREEPING HAMMOCK DRIVE
City-St-Zip: SARASOTA, FL 34231

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: TRAVIS DAGENAIS D 07/05/2006

Electronic Signature of Signing Officer or Director — Date