2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095996

City-St-Zip:

SARASOTA, FL 34231

Entity Name: SHORELINE STORM PROTECTION INC

FILED Mar 13, 2007 Secretary of State

Entity Nar	me: SHOR	ELINE STORM PROTECTION	I, INC.			
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
5773 BENEVA RD SOUTH SARASOTA, FL 34233				2341 PORTER LAKE DR. UNIT 102 SARASOTA, FL 34240		
Current M	lailing Add	ress:	New Mailing	New Mailing Address:		
	EVA RD SC A, FL 3423		2268 HIBISCU SARASOTA,			
FEI Number:	: 20-3110644	FEI Number Applied For()	FEI Number Not Applica	ble () Certificate of Status Desired ()		
Name and	l Address o	of Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
DAGENAIS, JENNIFER 5777 BENEVA RD SOUTH SARASOTA, FL 34233 US			2268 HIBISĆU	DAGENAIS, JENNIFER L DIRECTO 2268 HIBISCUS ST SARASOTA, FL 34239 US		
	named ent e of Florida.		ne purpose of changing its i	registered office or registered agent, or b	oth,	
SIGNATUR	RE: JENNI	FER L DAGENAIS		03/13/2007		
	Elect	tronic Signature of Registered	Agent	Date	_	
Election Car	npaign Finan	cing Trust Fund Contribution ().				
OFFICERS	S AND DIR	ECTORS:	ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D DAGENAIS, 2268 HIBIS SARASOTA	CUS STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D DAGENAIS, 2268 HIBIS SARASOTA	CUS STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address:	D CLEARY, JI 5449 CREE	(X) Delete EFFERY :PING HAMMOCK DRIVE	Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: JENNIFER L DAGENAIS D 03/13/2007