2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2008 8:00 am Secretary of State DOCUMENT # P05000102747 1. Entity Name 04-23-2008 90024 048 ***150.00 INSHORE ENTERPRISES, INC. Principal Place of Business Mailing Address 1700 BISCAYNE AVENUE SOUTH DAYTONA FL 32119 1656 TAYLOR ROAD PORT ORANGE FL 32128 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEi Number 20-3188124 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOCK, ROBERT J. JR. Street Address (P.O. Box Number is Not Acceptable) 620 KATHERINE ST. S. DAYTONA FL 32119 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or primed harris of registered meent and title. Exceptioasia. (NOTE Registered Agont extrasture required when remetating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Change TITLE. ☐ Derete TITLE ☐ Addition MOCK, ROBERT J. JR. Betor Moule John NAME NAME RobertsJR STREET ADDRESS. 620 KATHERINE ST. STREET ADDRESS 620 Katherine St S. DAYTONA FL 32119 City-St-7P CITY - ST- 7(P) 32119 SOUTH DAY TONA D۷ TITLE ☐ Derete TITLE Change Addition NAME LOWE, SCOTT LAME STREET ADDRESS 1700 BISCAYNE AVE. STREET ADDRESS CITY-SI-ZIP S. DAYTONA FL 32119 CITY-ST-ZIP Change TITLE DST ☐ Derete TITLE ☐ Addition Lowe, Chri LOWE, CHRISTINE NAME STREET ADDRESS STREET ADDRESS 1700 BISCAYNE AVE. 32119 01TV - ST - 719 S. DAYTONA FL 32119 CITY-ST-ZIP Change TITLE ☐ Delete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete fitte. ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZE CITY-ST-ZIP TITLE ☐ Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliernental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficier 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