2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT #.P05000138178 1. Entity Name THE SHORE PARTNERS, INC.					02-27-2006 90108 038 ***150.00						
Principal Place of Business Mailing Address			·		000870.						
224 EAST GORDON STREET 224 EAST GORDON STREE			ΞT								
SAVANNAH, GA 31401 SAVANNAH, GA 31401											
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Suite, Apt. #, etc. J Suite 407		Suite, Apt. #, etc. J Suite 407			02232006	Cho	_{]-} P	CR2E034 (11	/05)		
City & Stat	leston, SC	Charleston	SC	Ţ	4. FEI Num!	3843	3715			plied For Applicable	
Zip 294	Country		Country		5. Certificat	e of Status	Desired	□ \$8.75 Fee Re			
	6. Name and Address of Current F			'	7. Name an	d Address	of New Re	gistered Agent	<u> </u>		
			Name	-	·, 					-32	
A.G.C. CO. 200 SOUTH ORANGE AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
SUN TRUST CENTER, SUITE 2300 ORLANDO, FL 32801			 								
			City		FL Zip Code						
D. The shows	and the sub-site this states at the	nistered office or	· coointac	ad agent or b	ath in the	Ctate of Flor		usith .	and accept		
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.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
englescore, represent the figure and any order or other inspirations. Proceedings agrituated responsibility and instrumentally white											
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND I	DIRECTORS	11.		ADDITION:	CHANGE	S TO OFFIC	ERS AND DIREC	TORS	SIN 11	
TITLE	Shareholder	☐ Delete	TITLE		arehold	er		☐ Ch		☐ Addition	
NAME	Fausch G. Johnson, III			Jin	way Pri	rett					
STREET ADDRESS	المستماسة والمستران المستران ا				Box	X	7,00	-			
CITY-ST-ZIP	Charleston, SC		CITY-ST-ZIP	eas	stman,	GA	3102			Addition	
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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.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teb. 24,200 343.853.0115