

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151658

FILED
Apr 21, 2006
Secretary of State

Entity Name: SHORELINE LAND SUNSET ESTATES INC.

Current Principal Place of Business:

520 HARBOR GATE WAY
LONGBOAT KEY, FL 34228

New Principal Place of Business:

PO BOX 8189
LONGBOAT KEY, FL 34228

Current Mailing Address:

520 HARBOR GATE WAY
LONGBOAT KEY, FL 34228

New Mailing Address:

PO BOX 8189
LONGBOAT KEY, FL 34228

FEI Number: 20-4109396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONEIL, WILLIAM
520 HARBOR GATE WAY
LONGBOAT KEY, FL 34228 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ONEIL, WILLIAM
Address: 520 HARBOR GATE WAY
City-St-Zip: LONGBOAT KEY, FL 34228

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: ONEIL, BECKY
Address: 520 HARBOR GATE WAY
City-St-Zip: LONGBOAT KEY, FL 34228

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: WILLIAM ONEIL

D

04/21/2006

Electronic Signature of Signing Officer or Director

Date