2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000154150

NORTH SHORE INVESTORS, INC.

1. Entity Name

FILED Mar 15, 2006 8:00 am Secretary of State

03-15-2006 90104 038 ***158.75

Principal Place of Business 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747		Mailing Address 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747		60022537					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Number 20 - 3	824189		 	pplied For ot Applicable
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent	\longrightarrow		7. Name and	Address of New I	Registered A	igent	
DOWERS DAVIS				Name					
POWERS, DAVID J 7777 GLADES RD SUITE 300 BOCA RATON, FL 33434		Street Add		Street Address	(P.O. Box Numb	er is Not Acceptabl	e)		
			ŀ	City	 		FL	Zip Cod	Je
The above named entity submits this statement for the purpose of changing its registered than the above named entity submits this statement for the purpose of changing its registered.				d office or registe	ered agent, or bo	th, in the State of Fl		amiliar with,	, and accept
the obligations of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered	Agent signature require	id when reinstating)		DATE		
·- <u>-</u> ·				· · · · · · · · · · · · · · · · · · ·		• • •			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr			i.00 May Be ded to Fees				
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE					☐ Change	Addition
NAME	MARCHELL, JEFFREY	_	NAME	ı					
STREET ADDRESS	950 CELEBRATION BLVD SUITE	F		ADDRESS					
	CELEBRATION, FL 34747		CITY-S	ST-ZIP					
TITLE NAME	D HEMPEL, DONALD	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	950 CELEBRATION BLVD SUITE	F	NAME STREET	FADDRESS					
CITY-ST-ZIP	CELEBRATION, FL 34747	,	CITY-S	1					
TITLE	D	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		•		. Change	Addition
NAME	ISSA, FRANCIS		NAME					onenge	
STREET ADDRESS	950 CELEBRATION BLVD SUITE	F	STREET	ADDRESS					
CITY+ST-ZIP	CELEBRATION, FL 34747		CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE	ļ			·	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP			CITY-S	ADDRESS					
TITLE		☐ Delete	TITLE					Chart.	
NAME		C Delete	NAME					Change	☐ Addition
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	T - ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME					-	_
STREET ADORESS CITY-ST-ZIP				ADDRESS					
OTT - STACK			CITY-S	1-212					

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 receive for 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:

Teffrey F. Marchell 03-01-06