


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000154150 1. Entity Name NORTH SHORE INVESTORS, INC.	
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Principal Place of Business 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747	Mailing Address 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747
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04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3824189	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POWERS, DAVID J 7777 GLADES RD SUITE 300 BOCA RATON, FL 33434
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000694885 04/17/07-80037-015 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHELL, JEFFREY 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPEL, DONALD 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISSA, FRANCIS 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Jeffrey Marchell** **4-2-07** **407546-4772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #