2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060567

ROWE, KELLY

4640 SOUTHSIDE BLVD

SEBRING, FL 33870

Name:

Address: City-St-Zip:

Entity Name: SOUTHSHORE BUSINESS SERVICES, INC.

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4640 SOUTHSIDE BLVD SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** 4640 SOUTHSIDE BLVD SEBRING, FL 33870 FEI Number: 20-4871773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWAINE, ROBERT S 425 S CÓMMERCE AVE SEBRING, FL 33870 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROWE, GRANT Name: Name: 4640 SOUTHSIDE BLVD Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ROWE, BLAKE Name: 4640 SOUTHSIDE BLVD Address: Address: SEBRING, FL 33870 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GRANT ROWE D 01/30/2008