



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90071 020 ***150.00

| | | | |
|--|---|---|--|
| DOCUMENT # P06000148465 | |  | |
| 1. Entity Name 701 BAYSHORE CORP. | | | |
| Principal Place of Business 522 ALTERNATE 19 PALM HARBOR, FL 34683 | | Mailing Address 522 ALTERNATE 19 PALM HARBOR, FL 34683 | |
| 2. Principal Place of Business - No P.O. Box # 1714 County Rd One | | 3. Mailing Address 1714 County Rd One | |
| Suite, Apt. #, etc. Suite 19 | | Suite, Apt. #, etc. Suite 19 | |
| City & State Dunedin, Florida | | City & State Dunedin, Florida | |
| Zip 34698 | Country USA | Zip 34698 | Country USA |
| 6. Name and Address of Current Registered Agent SOLTANI, ALEX 522 ALTERNATE 19 PALM HARBOR, FL 34683 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1714 County Road One Suite 19 City Dunedin FL Zip Code 34698 | |
| 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: X  | | Alex Soltani, Director x 03-20-08 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOLTANI, ALEX 522 ALTERNATE 19 PALM HARBOR, FL 34683 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1714 County Rd One, Suite 19 Dunedin, Florida 34698 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: X  | | Alex Soltani x 03-20-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Us/Time/Phone # |

50001207



03032008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8040785 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required