## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000058764

Entity Name: SHORELINE FINANCIAL GROUP, INC.

FILED Apr 28, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

5301 10 AVE. NORTH GREENACRES, FL 33463

Current Mailing Address: New Mailing Address:

5301 10 AVE. NORTH GREENACRES, FL 33463

FEI Number: 27-0648742 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:

GRAHAM, CARTER A 5301 10 AVE. NORTH GREENACRES EL 3346

GREENACRES, FL 33463 US

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:

 Name:
 GRAHAM, CARTER A

 Address:
 5301 10 AVE. NORTH

 City-St-Zip:
 GREENACRES, FL 33463

Title: D

 Name:
 GRAHAM, CARTER A

 Address:
 5301 10 AVE. NORTH

 City-St-Zip:
 GREENACRES, FL 33463

Title: VP

Name: STANLEY, PAUL N
Address: 15610 CEDAR GROVE LANE
City-St-Zip: WELLINGTON, FL 33414

Title:

Name: STANLEY, PAUL N

Address: 15610 CEDAR GROVE LANE City-St-Zip: WELLINGTON, FL 33414

Title: [

Name: STANLEY, PAUL N Address: 15610 CEDAR GRO

Address: 15610 CEDAR GROVE LANE City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: CARTER GRAHAM PRES 04/28/2010