


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # P93000084523 1. Entity Name HALEY SHORE & ASSOCIATES, INC.	
--	---

Principal Place of Business 4723 W. ATLANTIC AVE. SUITE 21 DELRAY BEACH, FL 33445 US	Mailing Address 4723 W ATLANTIC AVE. SUITE 21 DELRAY BEACH, FL 33445 US
---	--

DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0452371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHORE, DENNIS 4723 W. ATLANTIC AVE., #21 DELRAY BEACH, FL 33445
--

**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 reappointing) 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	1100000654259 03/13/07-80054-023 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORE, DENNIS 23435 RAKELLE CIRCLE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALEY, THOMAS B 6552 PATIO LANE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Thomas Haley Thomas Haley VICE-president 3/2/07 561-498-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #