



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90027 026 \*\*\*150.00

<b>DOCUMENT # P93000088196</b> 1. Entity Name <b>SHORE INVESTMENT GROUP, INC.</b>					
Principal Place of Business <b>C/O RICHARD LUCKART 631 SHORE RD. NORTH PALM BEACH, FL 33408 US</b>			Mailing Address <b>C/O RICHARD LUCKART 631 SHORE RD. NORTH PALM BEACH, FL 33408 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-0456174</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				Chg-P      CR2E034 (12/06) <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICHARD LUCKART C/O LUCKART STUDIOS 631 SHORE RD NORTH PALM BEACH, FL 33408</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE : NAME : STREET ADDRESS : CITY - ST - ZIP :	DP LUCKART, RICHARD 631 SHORE RD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE : NAME : STREET ADDRESS : CITY - ST - ZIP :	DV LUCKART, BARBARA 631 SHORE RD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE : NAME : STREET ADDRESS : CITY - ST - ZIP :	DST LUCKART, BARBARA 631 SHORE RD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
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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.					
<b>SIGNATURE:</b> <u>Barbara Luckart</u> <u>Barbara Luckart</u> <u>7/8/08</u> <u>(541) 248-6389</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					