2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000088585

1. Entity Name

SHORELAND INVESTMENTS, INC.

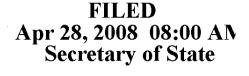


Principal Place of Business

3012 OLD DIXIE HWY AUBURNDALE, FL 33823 Mailing Address

P.O. BOX 35

AUBURNDALE, FL 33823





DOINOTEWRITE IN THIS SPACE

04172008

No Chg-P

CR2E034 (11/05)

4. FE! Number 59-3221457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLENN, JACKY C 3012 OLD DIXIE HWY AUBURNDALE, FL 33823

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 acc the obligations of registered agent.						
"SIGNATURE_	Signature, typed or printed name of registered agent and little	applicable (NOTE: Register	ed Agent signature required	when reinstating) •	DATES AND STATES	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS				唐宇
TITLE	DCP					
NAME	GLENN, JACKY C				%%%10000009263 45 %05/20/08-80064-007-150.00	15.
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CITY-ST-ZIP	AUBURNDALE, FL 33823					21
TITLE	DVT	<u> </u>				
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STREET ADDRESS	3012 OLD DIXIE HWY		111112			41
CITY-ST-ZIP	AUBURNDALE, FL 33823		1.030			
TITLE						. 14
NAME			A CONTRACTOR			
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TITLE					THIS SPACE.	
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12. Thereby 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 reserver 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. JACKY C. GLENN CHAIRMAN

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR