

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90126 010 \*\*\*150.00

**50029768**

<b>DOCUMENT # P94000027167</b>		
1. Entity Name SOUTH SHORE INVESTMENTS LTD., INC.		

Principal Place of Business 7745 TRIESTE PLACE DELRAY BEACH, FL 33446 US	Mailing Address 7745 TRIESTE PLACE DELRAY BEACH, FL 33446 US
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2. Principal Place of Business 5535 N. MILITARY TR. #1805 Suite, Apt. #, etc. Suite #1805 City & State BOCA RATON, Florida Zip 33496 Country USA	3. Mailing Address 5535 N. MILITARY TR. Suite, Apt. #, etc. Suite #1805 City & State BOCA RATON, Florida Zip 33496 Country USA
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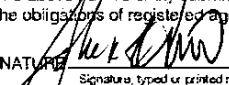
01062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0487586	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THRISTINO, JOHN R 320 PLAZA REAL SUITE #607 BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name THRISTINO, JOHN R Street Address (P.O. Box Number is Not Acceptable) 5535 N. MILITARY TR. Ste 1805 City BOCA RATON FL Zip Code 33496	
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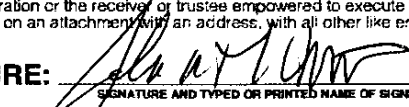
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  JOHN R. THRISTINO President 3-15-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRISTINO, JOHN 320 PLAZA REAL #607 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRISTINO, JOHN R 5535 N. MILITARY TR. 1805 BOCA RATON, FL 33496 <input checked="" 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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  President 3/15/05 (561)665-0360  
Signature and typed or printed name of signing officer or director Date Daytime Phone #