


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90276 040 \*\*\*500.00

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

Principal Place of Business <b>5535 N. MILITARY TR. SUITE 1805 BOCA RATON FL 33496 US</b>	Mailing Address <b>5535 N. MILITARY TR. SUITE 1805 BOCA RATON FL 33496 US</b>
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2. Principal Place of Business <b>16074 ROSE CROFT TERRACE Suite, Apt. #, etc.</b>	3. Mailing Address <b>33446</b>
<b>DELRAY BEACH Florida</b>	<b>33446</b>
<b>USA</b>	<b>USA</b>



1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0487586</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>THRISTINO, JOHN R 5535 N. MILITARY TR SUITE 1805 BOCA RATON FL 33496</b>	
7. Name and Address of New Registered Agent Name <b>JOHN R THRISTINO</b> 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 **John R Thristino** President DATE **4/27/06**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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 5535 N. MILITARY TR. #1805 BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRISTINO, JOHN 16074 ROSE CROFT TERRACE DELRAY BEACH, FL. 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **John R Thristino** DATE **4/27/06** DAYTIME PHONE # **561-665-0360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR