

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90004 024 \*\*\*150.00

<b>DOCUMENT # P94000027167</b>					
<b>1. Entity Name</b> SOUTH SHORE INVESTMENTS LTD., INC.					
<b>Principal Place of Business</b> 16074 ROSECROFT TERRACE DELRAY BEACH, FL 33446 US			<b>Mailing Address</b> 5535 N. MILITARY TR. SUITE 1805 BOCA RATON, FL 33496 US		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> 16074 ROSECROFT TERRACE Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Delray Beach, FL		<b>4. FEI Number</b> 65-0487586	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TRISTINO, JOHN R 5535 N. MILITARY TR SUITE 1805 BOCA RATON, FL 33496		<b>7. Name and Address of New Registered Agent</b> Name: TRISTINO Street Address (P.O. Box Number is Not Acceptable): 16074 ROSECROFT TERRACE City: Delray Beach FL 33446			
<b>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.</b> SIGNATURE: <i>John R Tristino</i> <i>JOHN R TRISTINO</i> DATE: 4/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRISTINO, JOHN 16074 ROSE CROFT TERRACE DELRAY BEACH, FL 33446 <input checked="" 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	PA TRISTINO, JOHN 16074 ROSECROFT TERRACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
<b>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>					
<b>SIGNATURE:</b> <i>John R Tristino</i> <i>JOHN R TRISTINO</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/19/07 861-984-9354 <small>Date Daytime Phone #</small>		

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