2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2008 08:00 All Secretary of State **DOCUMENT # P95000023062** BAYSHORE VENTURES, INCORPORATED Principal Place of Business Mailing Address 4908 64TH DRIVE WEST 4908 64TH DRIVE WEST BRADENTON, FL 34210 BRADENTON, FL 34210 04152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1855134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAJAN, GOVIN T DO NOT WRITE 4908 - 64TH DR W BRADENTON, FL 34210 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 accept the obligations of registered agent. SIGNATURE. -Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. *V*000000906969 10. OFFICERS AND DIRECTORS VSD TITLE NAME RAJAN, GOVIN STREET ADDRESS 4908 - 64TH DR W BRADENTON, FL 34210 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RIGNATURE THE TYPER OF BRINTED NAME OF BUSHIN

4/15/08 (941) 956-7926

Daytime Phone #

FILED