2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P96000031336 1. Entity Name



BAYSHORE REAL ESTATE, INC.								
Principal Place of Business		Mailing Address]				
2906 BAY TO BAY BLVD		2906 BAY TO BAY BLVD						
STE A		STE A						
TAMPA, FL 33629 US TAMPA, FL 33629 US					IND HUN HUNDEN ARTO ERFO ÖN	1884 II (988)		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3よるない。デルをし			lder St					
Suite, Apt. #, etc.		3232W. Fielder St Suite Apt. #, etc. TAMPAFU		07092007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numb 59-337		⊢	plied For t Applicable	
Zip	Country	Zip Co	ountry		of Status Desired	\$8.75 Add	itional	
		336//	<u>US</u>			Fee Required	1	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
THOMAS, LINDA								
3232 W FIELDER ST			Street Address (P.O. Box Numb	er is Not Acceptable)			
TAMPA, FL 33611								
			City			FL Zip Code	Э	
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 Wide Thomas Signature, typod or printed name of registered agent and talle if applicable (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finant Trust Fund Contribution.			~ ~ **	.00 May Be led to Fees	in accordance with corporation did not	n s. 607.193(2)(b), t receive the prior n	F.S., the notice.	
10.	OFFICERS AND I	DIRECTORS 1	11.	ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTORS	3 IN 11	
RILE	P	☐ Delete	TITLE			Change	Addition	
NAME	THOMAS, LINDA	1	NAME					
STREET ADDRESS	3232 W FIELDER AVE		STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33611		CHTY-ST-ZIP					
title Name			TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			•	_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	*****		CITY-ST-ZIP					
TITLE	<u> </u>		TITLE			☐ Change	☐ Addition	
NAME Street Address			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
IITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME		1	NAME				_	
STREET ADDRESS		B 1	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		, ,			
TITLE	•		TITLE			☐ Change	☐ Addition	
NAME CIRCET ADDRESS			NAME Street address					
STREET ADDRESS City-St-Zip			STREET ADURESS					
	certify that the information supplied with			d in Chantar 11	B. Florido Statutura 1 fili	thos posification at - !-		
indicated	certify that the information supplied with on this report or supplemental report is moration or the receiver or trustee empo	true and accurate and that my sig	inature shall have the	same legal effe	ct as if made under oatl	h; that I am an officer	or director	

changed, or on an attachment with an address, with all other like empowered.