

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90062 011 \*\*\*150.00

<b>DOCUMENT # P97000106303</b>					
<b>1. Entity Name</b> NORTH SHORE PROPERTY MANAGEMENT, INC.					
<b>Principal Place of Business</b> 2155 OLD MOULTRIE RD STE 101 SAINT AUGUSTINE, FL 32086			<b>Mailing Address</b> 2155 OLD MOULTRIE RD STE 101 SAINT AUGUSTINE, FL 32086		
<b>2. Principal Place of Business - No P.O. Box #</b> 2155 Old Moultrie rd Suite, Apt. #, etc. Suite 106 City & State St. Augustine FL Zip 32086 Country USA		<b>3. Mailing Address</b> 2155 Old Moultrie rd Suite, Apt. #, etc. Suite 106 City & State St. Augustine FL Zip 32086 Country USA			
01252008    Chg-P    CR2E034 (12/06)		<b>4. FEI Number</b> 59-3486075		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b> HASSE, JAMES 2155 OLD MOULTRIE RD STE 101 SAINT AUGUSTINE, FL 32086	
<b>7. Name and Address of New Registered Agent</b> Name: <u>HAASE, James</u> Street Address (P.O. Box Number is Not Acceptable): 2155 Old Moultrie rd Suite 106 City: <u>St. Augustine</u> <u>FL</u> Zip Code: <u>32086</u>				<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: <u>James F. Haase</u> DATE: <u>2-6-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAASE, JAMES F 1416 VISTA COVE RD SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Delete			
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<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> <u>James F. Haase</u>		Date: <u>2-6-08</u>		Daytime Phone #: <u>904-794-9100</u>	