

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005409

Entity Name: SHORE PROPERTIES, INC.

FILED  
Feb 19, 2011  
Secretary of State

**Current Principal Place of Business:**

5621 W 120TH STREET  
ALSIP, IL 60803

**New Principal Place of Business:**

**Current Mailing Address:**

5621 W 120TH STREET  
ALSIP, IL 60803

**New Mailing Address:**

FEI Number: 36-4270785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAINOR, THOMAS D S  
1101 13TH STREET W.  
RIVIERA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S, T  
Name: TRAINOR, THOMAS D  
Address: 1101 13TH ST., P.O. BOX 11325  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VP  
Name: TRAINOR, EDWIN  
Address: 11901 S. AUSTIN AVENUE  
City-St-Zip: ALSIP, IL 60803

Title: P  
Name: TRAINOR, ROBERT J JR  
Address: 11901 S AUSTIN AVENUE  
City-St-Zip: ALSIP, IL 60803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS D. TRAINOR

S, T

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date