## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # V27680

1. Entity Name NORTH SHORE INVESTMENTS, INC.



FILED Jan 24, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

PO BOX 23212

HARAHAN, LA 70183 US

PO BOX 23212

HARAHAN, LA 70183 US

01092006

No Cha D

CR2E034 (11/05)

4. FEI Number 72-1208726 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

a	Name	and	Address	of Current	Remistered	Acent

DO NOT WRITE IN THIS SPACE

CADENHEAD, CHRIS 420 E PINE ST CRESTVIEW, FL 32536

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. [NDTE Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.	ein <b>g</b>	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	<u> </u>			
TITLE NAME STREET ADORESS CITY-ST-ZIP	D BLESSEY, WALTER E JR. 420 E PINE ST CRESTVIEW, FL	-	-		- Hrannagopeo	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby	certify that the information supplied with this f	iling does not quality for the exe	imptions co	ntained in Chapter 11	9, Florida Statutes. I further certify that the information	

12. Increase certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 19, Portical Statutes. Interface certify that me information for suppliemental report is true and accurate 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

GNATURE AND TYPED OR PRINTED NAME OF SIR

WALTER E. BLESSEY,

1// 9/ 06

(504) 734-1156

Daytime Phone #