

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 383983

FILED
Apr 20, 2011
Secretary of State

Entity Name: CONTINENTAL SHELF ASSOCIATES, INC.

Current Principal Place of Business:

8502 SW KANSAS AVE.
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

8502 SW KANSAS AVE.
STUART, FL 34997 US

New Mailing Address:

FEI Number: 64-0508505 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PETERSON, KEVIN
8502 SW KANSAS AVE
STUART, FL 34997 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: COB
Name: STEVENS, SARAH S
Address: 8502 SW KANSAS AVE.
City-St-Zip: STUART, FL 34997 US

Title: VP
Name: AYER, FREDERICK B II
Address: 8502 SW KANSAS AVE.
City-St-Zip: STUART, FL 34997 US

Title: CEO
Name: PETERSON, KEVIN
Address: 8502 SW KANSAS AVE.
City-St-Zip: STUART, FL 34997 US

Title: PRES
Name: GETTLESON, DAVID A
Address: 8502 SW KANSAS AVE.
City-St-Zip: STUART, FL 34997 US

Title: TREA
Name: WHITE, DANIEL
Address: 8502 SW KANSAS AVE.
City-St-Zip: STUART, FL 34997 US

Title: DIR
Name: MULCAHY, ROBERT
Address: 8502 SW KANSAS AVE.
City-St-Zip: STUART, FL 34997 US

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: ANN HUNTER

_____ Electronic Signature of Signing Officer or Director

O.M.

04/20/2011

_____ Date