



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 517359 1. Entity Name SHELTER CORPORATION OF AMERICA	
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Principal Place of Business 5009 N HIATUS RD SUNRISE, FL 33351	Mailing Address 5009 N. HIATUS ROAD SUNRISE, FL 33351-7904
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1712295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COOPERMAN, STEVEN 5009 N HIATUS RD SUNRISE, FL 33351	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000827049 02/21/08-80075-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPERMAN, STEVEN J 5009 N HIATUS RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOENLANK, SCOTT 5009 N HIATUS RD SUNRISE, FL 33351
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT SCHOENLANK

Date **1-9-08** Daytime Phone # **984.522.7410**