


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 619447</b> 1. Entity Name A-1 SHELTERS, INC.			
Principal Place of Business 1406 SE 46TH LANE # 4 CAPE CORAL, FL 33904		Mailing Address 1406 SE 46TH LANE # 4 CAPE CORAL, FL 33904	
<b>DO NOT WRITE IN THIS SPACE</b>			
4. FEI Number 59-1983360		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  KIRBY, LYNN A 1406 SE 46TH LANE UNIT #4 CAPE CORAL, FL 33904		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when rehashing)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRBY, LYNN 1406 SE 46TH LANE UNIT 4 CAPE CORAL, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KIRBY, BRIAN 1406 SE 46TH LANE UNIT 4 CAPE CORAL, FL 33904		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>LYNN KIRBY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/8/05</u> Daytime Phone # <u>239-542-0073</u>	