

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                   |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 674062</b>                                                                                          |                                                                                                       |
| 1. Entity Name<br><b>SHELL LUMBER AND HARDWARE COMPANY</b>                                                        |                                                                                                       |
|                                  |                                                                                                       |
| Principal Place of Business<br><b>C/O RONALD W. RUDOLPH<br/>9200 SO. DADELAND BLVD., #308<br/>MIAMI, FL 33156</b> | Mailing Address<br><b>C/O RONALD W. RUDOLPH<br/>9200 SO. DADELAND BLVD., #308<br/>MIAMI, FL 33156</b> |



01112005 No Chg-P CR2E034 (10/03)

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|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2003802</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                     |  |                                       |
|---------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>NARON, PAUL<br/>2733 SW 27 AVENUE<br/>MIAMI, FL 33133</b> |  | <b>DO NOT WRITE<br/>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                        |                                                               |
|---------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PTD<br>NARON, PAUL<br>2733 SW 27 AVENUE<br>MIAMI, FL          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | SVD<br>NARON, SYLVAN<br>2-A STONHENGE CIRCLE<br>BALTIMORE, MD |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/05 305 836 6401

P. NARON PRESIDENT