2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# 766222

Entity Name: LODESTAR SHELTER, INC.

Current Principal Place of Business:

P.O. BOX 994
MENA, AR 71953 US

New Principal Place of Business:

223 OLD SILVER HILL ROAD
GILLHAM, AR 71841 US

Current Mailing Address:

P.O. BOX 994
MENA, AR 71953 US

New Mailing Address:

P.O. BOX 7
GILLHAM, AR 71841 US

FEI Number: 59-2244310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACE, JENNIFER
2316 53RD ST.
SARASOTA, FL 34234 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: PD ( ) Delete
Name: ANDREWS, VICTORIA M.,
Address: P.O. BOX 994
City-St-Zip: MENA, AR 71953

Title: VPD ( ) Delete
Name: PACE, JENNIFER
Address: 2316 53RD ST.
City-St-Zip: SARASOTA, FL 34234

Title: S ( ) Delete
Name: THOMAS, JANE
Address: 337 POLK RD 228
City-St-Zip: COVE, AR 719370418

Title: T ( ) Delete
Name: ANDREWS, VICTORIA M
Address: P.O. BOX 994
City-St-Zip: MENA, AR 71953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDREWS, VICTORIA M.,
Address: P.O. BOX 7
City-St-Zip: GILLHAM, AR 71841 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ANDREWS, VICTORIA M
Address: P.O. BOX 7
City-St-Zip: GILLHAM, AR 71841 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA M. ANDREWS PRES 04/17/2007

Electronic Signature of Signing Officer or Director — Date