

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005061

FILED
Jun 29, 2005
Secretary of State

Entity Name: SHELTER CORPORATION

Current Principal Place of Business:

900 SECOND AVE S.
SUITE 880
MINNEAPOLIS, MN 55402

New Principal Place of Business:

Current Mailing Address:

900 SECOND AVE S.
SUITE 880
MINNEAPOLIS, MN 55402

New Mailing Address:

FEI Number: 41-1735738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, GARRETT G SR
1330 GALLEON DRIVE
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHELL, LYNN C
Address: 900 SECOND AVE S., SUITE 880
City-St-Zip: MINNEAPOLIS, MN 55402

Title: VP () Delete
Name: CARLSON, GARRETT JR
Address: 900 SECOND AVE S., SUITE 880
City-St-Zip: MINNEAPOLIS, MN 55402

Title: T () Delete
Name: HENDRICKS, SHANNON
Address: 900 SECOND AVENUE SOUTH SUITE 880
City-St-Zip: MINNEAPOLIS, MN 55402

Title: VP () Delete
Name: JESNEN, JAY
Address: 900 SECOND AVE., SOUTH #880
City-St-Zip: MINNEAPOLIS, MN 55402

Title: S () Delete
Name: BENNETT, FRANK
Address: 900 SECOND AVENUE SOUTH STE 880
City-St-Zip: MINNEAPOLIS, MN 55402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN CARLSON SCHELL

P

06/29/2005

Electronic Signature of Signing Officer or Director

_____ Date