2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005061

Entity Name: SHELTER CORPORATION

FILED Jan 16, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
900 SECOND AVE S. SUITE 880 MINNEAPOLIS, MN 55402				1600 HOPKINS CROSSROAD MINNETONKA, MN 55305		
Current Mailing Address:				New Mailing Address:		
900 SECOND AVE S. SUITE 880 MINNEAPOLIS, MN 55402				1600 HOPKINS CROSSROAD MINNETONKA, MN 55305		
FEI Number:	41-1735738	FEI Number Applied For ()	FEI Numbe	er Not Applic	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CARLSON, GARRETT G SR 1330 GALLEON DRIVE NAPLES, FL 34102 US						
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E SCHELL, LYNN O 900 SECOND AV MINNEAPOLIS, N	E S., SUITE 880	Na Ad	tle: ame: ddress: ity-St-Zip:	P (X) SCHELL, LYNN 1600 HOPKINS MINNETONKA, M	CROSSROAD
Title: Name: Address: City-St-Zip:	VP () CARLSON, GARI 900 SECOND AV MINNEAPOLIS, M	E S., SUITE 880	Na Ad	tle: ame: ddress: ity-St-Zip:	VP (X) CARLSON, GAR 1600 HOPKINS MINNETONKA, M	CROSSROAD
Title: Name: Address: City-St-Zip:	HENDRICKS, SH	ENUE SOUTH SUITE 880	Na Ad	tle: ame: ddress: ity-St-Zip:	T (X) HENDRICKS, SH 1600 HOPKINS MINNETONKA, M	CROSSROAD
Title: Name: Address: City-St-Zip:	VP () E JESNEN, JAY 900 SECOND AV MINNEAPOLIS, M	·	Na Ad	tle: ame: ddress: ity-St-Zip:	VP (X) JESNEN, JAY 1600 HOPKINS MINNETONKA, M	
Title: Name: Address: City-St-Zip:	BENNETT, FRAN	ENUE SOUTH STE 880	Na Ad	tle: ame: ddress: ity-St-Zip:	S (X) BENNETT, FRAN 1600 HOPKINS MINNETONKA, M	CROSSROAD

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 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 PRES 01/16/2006