

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005061

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: SHELTER CORPORATION

**Current Principal Place of Business:**

1600 HOPKINS CROSSROAD  
MINNETONKA, MN 55305

**New Principal Place of Business:**

**Current Mailing Address:**

1600 HOPKINS CROSSROAD  
MINNETONKA, MN 55305

**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: 1600 HOPKINS CROSSROAD  
City-St-Zip: MINNETONKA, MN 55305

Title: VP ( ) Delete  
Name: CARLSON, GARRETT JR  
Address: 1600 HOPKINS CROSSROAD  
City-St-Zip: MINNETONKA, MN 55305

Title: T ( ) Delete  
Name: HENDRICKS, SHANNON  
Address: 1600 HOPKINS CROSSROAD  
City-St-Zip: MINNETONKA, MN 55305

Title: VP ( ) Delete  
Name: JESNEN, JAY  
Address: 1600 HOPKINS CROSSROAD  
City-St-Zip: MINNETONKA, MN 55305

Title: S ( ) Delete  
Name: BENNETT, FRANK  
Address: 1600 HOPKINS CROSSROAD  
City-St-Zip: MINNETONKA, MN 55305

**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 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

P

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date