2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# F96000001750

Entity Name: SHELTER SOLUTIONS, INC.

Current Principal Place of Business:

2040 HWY A1A
206
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

2040 HWY A1A
206
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: 58-1913524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERREN, J. S.
2040 HWY A1A
206
INDIAN HARBOUR BEACH, FL 32937

Name and Address of New Registered Agent:

HERREN, J. S SR.
2040 HWY A1A
206
INDIAN HARBOUR BEACH, FL 32937

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: J.S. HERREN 01/07/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete
Name: HERREN, J S
Address: 1941 HWY A1A # 403
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: DV ( ) Delete
Name: HERREN, JOSEPH S JR
Address: 2040 HWY A1A, STE 206
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete
Name: MCMANIOUS, DORI
Address: 1538 MCADOO DRIVE
City-St-Zip: MARIETTA, GA 30064

Title: DTS ( ) Delete
Name: KALEMBER, MICHAEL
Address: 2040 HWY A1A # 206
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete
Name: STURGEON, MOLLY D
Address: 781 TIMBER LANE
City-St-Zip: INDEPENDENCE, KY 41051

Title: AS ( ) Delete
Name: HERREN, NICOLE
Address: 650 BELLEMEADE DRIVE
City-St-Zip: MARIETTA, GA 30008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: HERREN, JOSEPH S JR
Address: 55 EMERALD PINES DR.
City-St-Zip: DALLAS, GA 30132

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KALEMBER DTS 01/07/2004
Electronic Signature of Signing Officer or Director Date