2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# F96000001750

Entity Name: SHELTER SOLUTIONS, INC.

Current Principal Place of Business:

2040 HWY A1A
203
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

2040 HWY A1A
203
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 SR.
2040 HWY A1A
203
INDIAN HARBOUR BEACH, FL 32937 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:	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:	55 EMERALD PINES DR.	
City-St-Zip:	DALLAS, GA 30132	
Title:	D	( ) Delete
Name:	MCMANIOUS, DORI	
Address:	1075 AMBERTON LANE	
City-St-Zip:	POWDER SPRINGS, GA 30127	
Title:	DTS	( ) Delete
Name:	KALEMBER, MICHAEL	
Address:	2040 HWY A1A # 203	
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:	2252 ASQUITH AVE	
City-St-Zip:	MARIETTA, GA 30008	

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

SIGNATURE: JOSEPH S HERREN SR. DCP 04/02/2007

Electronic Signature of Signing Officer or Director — Date