

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18950

FILED  
Feb 23, 2006  
Secretary of State

Entity Name: SHELMET CORPORATION

**Current Principal Place of Business:**

3898 VIA POINCIANA  
STE 14  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

3898 VIA POINCIANA  
STE 14  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

FEI Number: 59-2246553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT, GREGORY  
1645 PALM BCH LAKES BLVD, 1200  
1645 PALM BEACH LAKES BLVD.  
WEST PALM BCH, FL 33401 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: PD ( ) Delete  
Name: DERER, GARY  
Address: 3898 VIA POINCIANA SUITE 14  
City-St-Zip: LAKE WORTH, FL 33467

Title: V ( ) Delete  
Name: NADLER, JEFF  
Address: 3898 VIA POINCIANA SUITE 14  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: DERER, CAROL A  
Address: 3898 VIA POINCIANA SUITE 14  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: DERER, KIMBERLY  
Address: 3898 VIA POINCIANA SUITE 14  
City-St-Zip: LAKE WORTH, FL 33467

**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:

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: GARY DERER

PD

02/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date