

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74669

Entity Name: WE SHELTER AMERICA, INC.

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

3600 LAND O LAKES BLVD.
LAND-O-LAKES, FL 34369

New Principal Place of Business:

3600 LAND O LAKES BLVD.
LAND-O-LAKES, FL 34639

Current Mailing Address:

3600 LAND O LAKES BLVD
LAND O LAKES, FL 34369 US

New Mailing Address:

3600 LAND O LAKES BLVD
LAND O LAKES, FL 34639 US

FEI Number: 59-2608835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUAID, DONALD
1404 WILD ROSE DR
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

MCQUAID, DONALD W OWNER
1404 WILD ROSE DR
LUTZ, FL 33549 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: DONALD MCQUAID

02/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: MCQUAID, DONALD,
Address: 1404 WILD ROSE DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: MCQUAID, DONALD W OWNER
Address: 3600 LAND O' LAKES BLVD
City-St-Zip: LAND O' LAKES, FL 34639

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: DONALD W. MCQUAID

OFFI

02/16/2007

Electronic Signature of Signing Officer or Director

Date