


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J46201</b> 1. Entity Name TEDC/SHELL CITY, INC.	
---	---

Principal Place of Business 675 NW 56TH ST BLDG C MIAMI, FL 33127	Mailing Address 675 NW 56TH ST BLDG C MIAMI, FL 33127
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2755843	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  GARDNER, CAROL 675 NW 56TH STREET BUILDING C MIAMI, FL 33127
--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000603455 01/29/07-80014-008 158.75
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROL, GARDNER 675 NW 56TH STREET, BLDG. C MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FLORENCE, MOSES 675 NW 56TH STREET, BLDG. C MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELA, KELLY 675 NW 56TH STREET, BLDG. C MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEMROD, CHERYL 675 NW 56TH STREET, BLDG C MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>Carol Gardner CAROL GARDNER</u> <u>1/22/07 305-757-3737</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>