2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# J97528

Entity Name: SHELTER SYSTEMS, INC.

Current Principal Place of Business:

7300 SW 198TH AVE.
DUNNELLON, FL 34431 US

New Principal Place of Business:

Current Mailing Address:

7300 SW 198TH AVE.
DUNNELLON, FL 34431 US

New Mailing Address:

FEI Number: 59-2849431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MCCRANIE, AND SUTTON, PA
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452 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: ST ( ) Delete
Name: DELEON, DAWN E
Address: 7300 SW 198TH AVE.
City-St-Zip: DUNNELLON, FL 34431

Title: P ( ) Delete
Name: DELEON, ELIAZAR J
Address: 7300 SW 198TH AVE.
City-St-Zip: DUNNELLON, FL 34431

Title: VP ( ) Delete
Name: DELEON, ELIAZAR
Address: 3336 E. PAULA LANE
City-St-Zip: INVERNESS, FL 34453

Title: T ( ) Delete
Name: DELEON, JOVAHNNA D
Address: 7300 SW 198TH AVE.
City-St-Zip: DUNNELLON, FL 34431

Title: CAO ( ) Delete
Name: DELEON, KELLY R
Address: 3336 E PAULA LN
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: DELEON, JR., ELIAZAR
Address: 7300 SW 198TH AVE.
City-St-Zip: DUNNELLON, FL 34431

Title: VP (X) Change ( ) Addition
Name: DELEON, ELIAZAR E
Address: 1019 CEDAR AVE.
City-St-Zip: INVERNESS, FL 34450

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

Title: CAO (X) Change ( ) Addition
Name: DELEON, KELLY R
Address: 1019 CEDAR AVE.
City-St-Zip: INVERNESS, FL 34450

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: ELIAZAR DELEON, JR. P 04/21/2006
Electronic Signature of Signing Officer or Director Date