2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K83374

Entity Name: SHELTER FLORIDA NUMBER 1, INC.

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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%M MARTIN 2600 SEVEN EVERGREEN PL M MARTIN, SEVEN EVERGREEN PL 2600

WINNIPEG MANITOBA

CANADA 23L 2T3, XX WINNIPEG, MB R3L2T3 CA

Current Mailing Address: New Mailing Address:

%M MARTIN 2600 SEVEN EVERGREEN PL M MARTIN, SEVEN EVERGREEN PL 2600

WINNIPEG MANITOBA

CANADA 23L 2T3, XX WINNIPEG, MB R3L2%3

FEI Number: 98-0107501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLHASSEE, FL 32301 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:

Title:

Electronic Signature of Registered Agent Date

Title:

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete Title: (X) Change () Addition THORSTEINSON, ARNI C, THORSTEINSON, ARNI C Name: Name: 2600 SEVEN EVERGREEN PL 2600 SEVEN EVERGREEN PL Address: Address:

City-St-Zip: WINNIPEG MANITOBA, CA R3L 2T3 City-St-Zip: WINNIPEG, MB R3L2T3 CA

Name: BLAIR, RICHARD N., Name: BLAIR, RICHARD N

2600 SEVEN EVERGREEN PL 2600 SEVEN EVERGREEN PL Address: Address: WINNIPEG MANITOBA, CA R3L 2T3 WINNIPEG, MB R3L2T3 CA City-St-Zip: City-St-Zip:

Title: Title: VP. () Delete VΡ (X) Change () Addition

PUTZBACH, JOE PUTZBACH, JOE Name: Name: 22700 S TAMIAMI TRAIL 22700 S TAMIAMI TRAIL Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928 US

I hereby certify that the information supplied with this filing does not qualify 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: ARNI C. THORSTEINSON D 02/03/2009