2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87323

Entity Name: SHELL KEY SHUTTLE, INC.

FILED Jan 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

MERRY PIER 801 PASS-A-GRILLE WAY ST PETE BCH, FL 33706 US

Current Mailing Address: New Mailing Address:

% ALVA H. SHOLTY
1960 K - LAKEWOOD CLUB DR. SOUTH
ST PETERSBURG, FL 33712 US

% ALVA SHOLTY
6262 3RD AVE NORTH
ST PETERSBURG, FL 33710 US

FEI Number: 59-2945211 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:

SHOLTY, ALVA H. SHOLTY, ALVA
1960 K - LAKEWOOD CLUB DR SOUTH 6262 3RD AVE NORTH

ST PETERSBURG, FL 33712 US ST PETERSBURG, FL 33710 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: ALVA SHOLTY 01/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name:RANCK, BARBARA J.,Name:RANCK, BARBARA J.,Address:1960 K LAKEWOOD DRIVE SOUTHAddress:6262 3RD AVE NORTH

City-St-Zip: SAINT PETERSBURG, FL 33712 US City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: D () Delete Title: D (X) Change () Addition

Name: SHOLTY, ALVA H.,
Address: 1960 K LAKEWOOD CLUB DRIVE SOUTH

Name: SHOLTY, ALVA H.,
Address: 6262 3RD AVE. NORTH

City-St-Zip: SAINT PETERSBURG, FL 33712 US City-St-Zip: SAINT PETERSBURG, FL 33710 US

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: ALVA SHOLTY DT 01/03/2006