

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K87323

**FILED**  
**Aug 30, 2009**  
**Secretary of State****Entity Name:** SHELL KEY SHUTTLE, INC.**Current Principal Place of Business:**MERRY PIER  
801 PASS-A-GRILLE WAY  
ST PETE BCH, FL 33706 US**New Principal Place of Business:****Current Mailing Address:**% ALVA SHOLTY  
P. O. BOX 46521  
ST PETE BEACH, FL 33741 US**New Mailing Address:**% NANCY DAVIDEK  
2465 WOODLAWN CIRCLE WEST  
ST. PETERSBURG, FL 33704 US**FEI Number:** 59-2945211**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHOLTY, ALVA  
6262 3RD AVE NORTH  
ST PETERSBURG, FL 33710 US**Name and Address of New Registered Agent:**DAVIDEK, NANCY L DPT  
2465 WOODLAWN CIRCLE WEST  
ST PETERSBURG, FL 33704 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: NANCY DAVIDEK

08/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: RANCK, BARBARA J.  
Address: 6262 3RD AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710 USTitle: D ( ) Delete  
Name: SHOLTY, ALVA H.  
Address: 6262 3RD AVE. NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DPT (X) Change ( ) Addition  
Name: DAVIDEK, NANCY L DPT  
Address: 2465 WOODLAWN CIRCLE WEST  
City-St-Zip: SAINT PETERSBURG, FL 33704 USTitle: DVS (X) Change ( ) Addition  
Name: DAVIDEK, KIVEN L DVS  
Address: 2465 WOODLAWN CIRCLE WEST  
City-St-Zip: SAINT PETERSBURG, FL 33704 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: NANCY DAVIDEK

DPT

08/30/2009

Electronic Signature of Signing Officer or Director

Date