2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # L56790 1. Entity Name 05-03-2004 90765 019 ***150.00 SHELL REALTY, INC. Principal Place of Business Mailing Address 1110 PINELLAS BAYWAY S 1110 PINELLAS BAYWAY S SUITE 102 SUITE 102 **TIERRA VERDE FL 33715-1506** TIERRA VERDE FL 33715-1506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3004439 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIHBEY, MARIA-Street Address (P.O. Box Number is Not Acceptable) 3717 46 AVE S ST. PETERSBURG FL 33711 City Zip Code 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 Maria Wihhe. DATE egiste ed agent and title if applicable. (NOTE: Registered Agent signature required when reinsta-FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TIDE Delete TITLE ☐ Change ☐ Addition WIHBEY, MARIA NAME NAME STREET ADDRESS 3717 46TH AVE. SO. STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED