2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000422

Entity Name: SHELTER BOX USA, INC.

FILED Jul 24, 2008 Secretary of State

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

8374 MARKET ST **BOX 203**

LAKEWOOD RANCH, FL 34202

New Mailing Address: Current Mailing Address:

8374 MARKET ST **BOX 203**

LAKEWOOD RANCH, FL 34202

FEI Number: 20-0471604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PALMER, BETH HAGBERG, LAURIE

6104 WINCHESTER PLACE 5419 83RD TERRACE EAST SARASOTA, FL 34243 SARASOTA, FL 34243

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: LAURIE HAGBERG 07/24/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

(X) Change () Addition () Delete LOPEZ, FRED HAGBERG, LAURIE Name: Name:

6531 THE MASTERS AVE Address: 5419 83RD TERRACE EAST Address: City-St-Zip: LAKEWOOD RANCH, FL 34202 City-St-Zip: SARASOTA, FL 34243

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

TRAVIS, JEFF Name: WALDO, WM LADDISON Name: Address: 6927 CUMBERLAND TERR Address: 7232 ORCHID ISLAND PL City-St-Zip: BRADENTON, FL 34201 City-St-Zip: LAKEWOOD RANCH, FL 34202

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

MILLER, JIM KOPLOS, EDWARD Name: Name: 1077 TROON DR EAST Address: Address: PO BOX 593

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: EAST ORLEANS, MA 02643

Title: () Delete Title: (X) Change () Addition SCHLUETER, PAMELA Name: MERRILL, IRENE Name:

Address: 229 MONTCLAIR LANE Address: 603 MILL RUN EAST City-St-Zip: SALINAS, CA 93206 City-St-Zip: BRADENTON, FL 34212

Title: Title:

(X) Delete OLSEN, GARY Name: Name: 1008 FOOTHILL DR Address: Address: CHAMPAIGN, IL 61820 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WM LADDISON WALDO Т 07/24/2008