2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000422

Entity Name: SHELTER BOX USA, INC.

FILED Apr 17, 2009 Secretary of State

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

8374 MARKET ST BOX 203

LAKEWOOD RANCH, FL 34202

Current Mailing Address: New 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 ()

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

HAGBERG, LAURIE KOPLOS, ED

5419 83RD TERRACE EAST 15351 BLUE FISH CIRCLE SARASOTA, FL 34243 US BRADENTON, FL 34202 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: ED KOPLOS 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HAGBERG, LAURIE
 Name:
 KOPLOS, ED

 Address:
 5419 83RD TERRACE EAST
 Address:
 15351 BLUE FISH CIRCLE

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:
 BRADENTON, FL 34202

Title: T () Delete Title: () Change () Addition

 Name:
 WALDO, WM LADDISON
 Name:

 Address:
 7232 ORCHID ISLAND PL
 Address:

 City-St-Zip:
 LAKEWOOD RANCH, FL 34202
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 KOPLOS, EDWARD
 Name:
 LOPEZ, FRED

 Address:
 PO BOX 593
 Address:
 6531 MASTERS AVE

City-St-Zip: EAST ORLEANS, MA 02643 City-St-Zip: LAKEWOOD RANCH, FL 34202

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

 Name:
 SCHLUETER, PAMELA
 Name:

 Address:
 603 MILL RUN EAST
 Address:

 City-St-Zip:
 BRADENTON, FL 34212
 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: ED KOPLOS P 04/17/2009