

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011952

FILED
Apr 29, 2008
Secretary of State

Entity Name: IAM SHELTER, INC.

Current Principal Place of Business:

5086 GOLFVIEW COURT
SUITE 1612
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 810292
BOCA RATON, FL 33481

New Mailing Address:

P.O. BOX 88
WILKESBORO, NC 28697

FEI Number: 20-3502381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARTER, JAMES H
5086 GOLFVIEW COURT
SUITE 1612
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

SOLIMINI, STEVEN
18701 CASSANDRA POINT LANE
BOCA RATON, FL 33496 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: STEVEN SOLIMINI

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CARTER, JAMES H
Address: 5086 GOLFVIEW COURT
City-St-Zip: DELRAY BEACH, FL 33484

Title: VTD () Delete
Name: CARTER, JILL M
Address: 5086 GOLFVIEW COURT
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: BARNWELL, JAMES
Address: 596 MICAH'S WAY
City-St-Zip: MORAVIAN FALLS, NC 28654

Title: D () Delete
Name: BARNWELL, DONNA
Address: 596 MICAH'S WAY
City-St-Zip: MORAVIAN FALLS, NC 28654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES CARTER

PSD

04/29/2008

Electronic Signature of Signing Officer or Director

Date