

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000091113</b> 1. Entity Name <b>SHELL POINT DEVELOPMENT CORPORATION</b>	
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Principal Place of Business <b>SHELL POINT DEVELOPMENT 13901 SHELL POINT PLAZA FORT MYERS, FL 33908</b>	Mailing Address <b>C/O SHELL POINT VILLAGE 15000 SHELL POINT BLVD STE 100 FORT MYERS, FL 33908</b>
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03282008 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>65-1046494</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DYS, PETER 15000 SHELL POINT BLVD. FORT MYERS, FL 33908</b>
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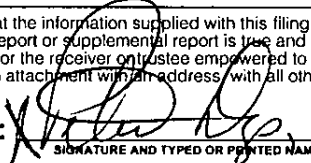
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYS, PETER 15000 SHELL POINT BLVD. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYES, DENNIS 15000 SHELL POINT BLVD. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, PAUL 15000 SHELL POINT BLVD. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE:  <b>Peter Dys</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3-27-08</b> Daytime Phone # <b>239-454-2156</b>