

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070498

Entity Name: SHELTER REALTY, INC.

FILED
Mar 28, 2008
Secretary of State

Current Principal Place of Business:

P.O BOX 1826
NAPLES, FL 34106

New Principal Place of Business:

674 PALM CIRCLE
NAPLES, FL 34102

Current Mailing Address:

3936 TAMIAMI TRAIL NORTH
SUITE B
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-1121349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGEL, JAMES D
3936 TAMIAMI TRAIL NORTH
SUITE B
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARLSON, GARRETT G SR
Address: 3936 TAMIAMI TRAIL NORTH, SUITE B
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: VOGEL, JAMES D
Address: 3936 TAMIAMI TRAIL NORTH, SUITE B
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: GARRETT G. CARLSON, SR.

P

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date