

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90103 044 \*\*\*150.00

**DOCUMENT # P02000074638**

1. Entity Name  
**SHELTER DEVELOPMENT CORP.**



Principal Place of Business  
**1818 S AUSTRILAN AVE, #410  
WEST PALM BEACH, FL 33409**

Mailing Address  
**1818 S AUSTRILAN AVE, #410  
WEST PALM BEACH, FL 33409**

400700



2. Principal Place of Business - No P.O. Box #  
**1860 FOREST HILL BLVD**

3. Mailing Address  
**1860 FOREST HILL BLVD**

Suite, Apt. #, etc.  
**SUITE 202**

Suite, Apt. #, etc.  
**SUITE 202**

01292008 Chg-P CR2E034 (12/06)

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number  
**11-3648715**

Applied For  
Not Applicable

Zip  
**33406**

Country  
**US**

Zip  
**33406**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MEROLA, JAMES R  
11380 PROSPERITY FARMS ROAD  
PALM BEACH GARDENS, FL 33410**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **KLIGLER, LENNARD J**  
STREET ADDRESS **1750 NORTH FLORIDA MANGO ROAD #402**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1860 FOREST HILL BLVD # 202**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **AKS**

*4/18/08*

**561-687-3200**