

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 Mailing Address

1818 S AUSTRALIAN AVE, #410 **1818 S AUSTRALIAN AVE, #410**
WEST PALM BEACH, FL 33409 **WEST PALM BEACH, FL 33409**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1860 FOREST HILL BLVD **1860 FOREST HILL BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 202 **SUITE 202**

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

Zip Country Zip Country
33406 **US** **33406** **US**

400700



01292008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

11-3648715 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLIGLER, LENNARD J 1750 NORTH FLORIDA MANGO ROAD #402 WEST PALM BEACH, FL 33409 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1860 FOREST HILL BLVD # 202 WEST PALM BEACH, FL 33406 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ Date: **4/18/08** Daytime Phone #: **561-687-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR