


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90413 013 ***150.00

DOCUMENT # P03000011892 1. Entity Name GIMME SHELTER, INC																											
Principal Place of Business 1413 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937		Mailing Address 1413 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937																									
2. Principal Place of Business - No P.O. Box # 227 Lanternback Island Dr Suite, Apt. #, etc.		3. Mailing Address 227 Lanternback Island Dr Suite, Apt. #, etc.																									
City & State Satellite Beach, FL Zip 32937		City & State Satellite Beach, FL Zip 32937																									
Country Brevard		Country Brevard																									
4. FEI Number 13-4238546		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent BROWNHWEIG, KERRY 1413 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 227 Lanternback Island Drive City Satellite Beach FL Zip Code 32937																									
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 <u>Kerry Brownchweig</u> <u>Kerry Brownchweig</u> <u>4/24/08</u> <small>Signature, typed or printed name of registered agent and date, if applicable. (Typed name of registered agent required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P BROWNHWEIG, KERRY</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1413 SOUTH PATRICK DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">INDIAN HARBOUR BEACH, FL 32937</td> </tr> </table>		TITLE	P BROWNHWEIG, KERRY	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	1413 SOUTH PATRICK DRIVE		CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Add <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">227 Lanternback Island Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Satellite Beach, FL 32937</td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/>		NAME			STREET ADDRESS	227 Lanternback Island Drive		CITY-ST-ZIP	Satellite Beach, FL 32937	
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04242008 Chg-P CR2E034 (12/06)

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: Kerry Brownchweig Kerry Brownchweig 4-24-08 321-773-1177
Signature and typed or printed name of signing officer or director Date Daytime Phone #