


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90348 011 ***150.00

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| DOCUMENT # P03000067402 | |  | |
| 1. Entity Name SHELLEY CORP. | | | |
| Principal Place of Business 20561 S.W. 125 AVE MIAMI FL 33177 US | | Mailing Address 1131 BALFOUR DR DELTONA FL 32725 US | |
| 2. Principal Place of Business 1131 Balfour Dr | | 3. Mailing Address 1131 Balfour Dr | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Deltona, Florida | | City & State Deltona, Florida | |
| Zip 32725 | | Zip 32725 | |
| Country US | | Country US | |
| 6. Name and Address of Current Registered Agent PRATT, SHELLEY K 20561 S.W. 125 AVE MIAMI FL 33177 | | 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: <i>Shelley K. Pratt</i> SHELLEY K. PRATT DATE: 4/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P PRATT, SHELLEY K 20561 S.W. 125 AVE MIAMI FL 33177 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC PRATT, ROGER K 20561 S.W. 125 AVE MIAMI FL 33177 <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 exemption stated in Section 119.07(3)(i), 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: *Shelley K. Pratt* **SHELLEY K. PRATT** DATE: **4/14/05** (386) 860-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Time Phone