


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151333	
1. Entity Name C-SHELLS-3, INC.	

Principal Place of Business 1163 KITTIWAKE CIRCLE SANIBEL ISLAND, FL 33957	Mailing Address 1163 KITTIWAKE CIRCLE SANIBEL ISLAND, FL 33957
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05092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2455053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOFFEE, ANNE
1163 KITTIWAKE CIRCLE
SANIBEL ISLAND, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOFFEE, ANNE
STREET ADDRESS	1163 KITTIWAKE CIRCLE
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	D
NAME	WITTKOPF, HARLAN E
STREET ADDRESS	216 ROBINSON DR.
CITY-ST-ZIP	ALGONA, IA 50511
TITLE	D
NAME	DANCE, S. PETER
STREET ADDRESS	83 WARWICK RD.
CITY-ST-ZIP	CARLISLE CA1-EB UNITED KING.,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

100000565285
05/20/06-80121-013 150.00

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:  **5-10-06 239472315**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #