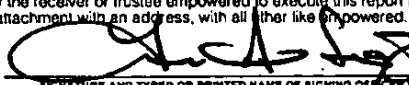


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90408 019 ***150.00

DOCUMENT # P05000162551					
1. Entity Name TOP SHELF STORAGE 1, INC.					
Principal Place of Business P.O. BOX 611512 ROSEMARY BEACH, FL 32461			Mailing Address P.O. BOX 611512 ROSEMARY BEACH, FL 32461		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4455850	
				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	
SAGE, LEE 122 HOPETOWN LANE ROSEMARY BEACH, FL 32461				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAGE, LEE		NAME		
STREET ADDRESS	P.O. BOX 611512		STREET ADDRESS		
CITY-ST-ZIP	ROSEMARY BEACH, FL 32461		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HENNEY, MATTHEW W		NAME		
STREET ADDRESS	10 SILK BAY DR #121		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAGE, JONAH D		NAME		
STREET ADDRESS	10 SILK BAY DR #121		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAGE, JUSTIN		NAME		
STREET ADDRESS	P.O. BOX 611512		STREET ADDRESS		
CITY-ST-ZIP	ROSEMARY BEACH, FL 32461		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	VP MIKE ROWE	
STREET ADDRESS			STREET ADDRESS	6 SOUTH GARY GLEN	
CITY-ST-ZIP			CITY-ST-ZIP	1000 ATLANTA, TEXAS 77382	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Leo A. SAGO 3/12/06 850.890.2509					