2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90116 001 ***300 00 DOCUMENT # P0600003887 SHELL POINT PARTNERS, INC. Principal Place of Business Mailing Address 66007391 3540 FOREST HILL BLVD. 3540 FOREST HILL BLVD. **SUITE 203** SUITE 203 WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 incipal Place of Business - No P.O. Box # 3. Mailing Address ()(ean <u> 2655 N Ocean</u> Suite, Apt. #, etc. 03072007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number 20 -4103093 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARMOUR, ALAN HI Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BOULEVARD **SUITE 1200** WEST PALM BEACH, FL 33401 City Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE tres ☐ Change Addition George W Heaton 2155 NOCEON DE #310 Singer Loland 78 33404 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME Deboral A 35 to Forest Hill Bl STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33406 CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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.

FILED