2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P06000029339

Entity Name: TECHSHELL INC.

Current Principal Place of Business:

5100 N. 9TH AVE
PENSACOLA, FL 32504 US

New Principal Place of Business:

1501 NEWCASTLE WAY
PENSACOLA, FL 32504 US

Current Mailing Address:

1501 NEWCASTLE WAY
PENSACOLA, FL 32504 US

New Mailing Address:

PO BOX 11699
PENSACOLA, FL 32524 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEKELE, HAILE
Address: 1501 NEWCASTLE WAY
City-St-Zip: PENSACOLA, FL 32504

Title: S ( ) Delete
Name: BEKELE, HAILE
Address: 1501 NEWCASTLE WAY
City-St-Zip: PENSACOLA, FL 32504

Title: T ( ) Delete
Name: BEKELE, HAILE
Address: 1501 NEWCASTLE WAY
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: BEKELE, HAILE
Address: 1501 NEWCASTLE WAY
City-St-Zip: PENSACOLA, FL 32504

Title: V ( ) Delete
Name: BEKELE, FEKADE
Address: 1501 NEWCASTLE WAY
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: BEKELE, HAILE
Address: 1501 NEWCASTLE WAY
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAILE BEKELE P 04/15/2009
Electronic Signature of Signing Officer or Director Date