


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P08766 1. Entity Name SHELL CITY DEVELOPMENT CORP.	
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Principal Place of Business 1040 PARK AVE STE 300 BALTIMORE, MD 21201	Mailing Address 1040 PARK AVE STE 300 BALTIMORE, MD 21201
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**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1104633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LUMPKIN, THOMAS 2655 LE JEUNE RD MIAMI, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000041497 02/09/04-80090-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RODGERS, THEO C. 306 METRO PLAZA BALTIMORE, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS RODGERS, ANTHONY T 1040 PARK AVE, STE 300 BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASV JOHNSON, CALLIE B. 306 METRO PLAZA BALTIMORE, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Callie B Johnson S.V.P.</u> <u>1/26/04</u> <u>(410) 783-3207</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>