## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000006403

Entity Name: SHELL DESIGN STUDIOS, INC.

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2094 CHAGALL CIRCLE 137 PALO DE ORO WEST PALM BEACH, FL 33409 ISLAMORADA, FL 33036

Current Mailing Address: New Mailing Address:

2094 CHAGALL CIRCLE 99611 OVERSEAS HWY # 106 WEST PALM BEACH, FL 33409 KEY LARGO, FL 33037 US

FEI Number: 65-0370662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHENKER, HAROLD SCHENKER, HAROLD G
215 N COCONUT LANE
MIAMI BEACH, FL 33139 US SCHENKER, HAROLD G
215 N COCONUT LANE
MIAMI BEACH, FL 33139 US

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: HAROLD SCHENKER 04/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 DP ( ) Delete

 Name:
 SCHENKER, SHELLEY

 Address:
 2094 CHAGALL CIRCLE

 City-St-Zip:
 WEST PALM BEACH, FL
 33409

Title: DVPS () Delete
Name: SCHENKER, HAROLD G
Address: 215 N COCONUT LANE
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete

Name: Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SCHENKER, SHELLEY
Address: 99611 OVERSEAS HWY # 106
City-St-Zip: KEY LARGO, FL 33037

Title: DV (X) Change ( ) Addition

Name: SCHENKER, HAROLD Address: 215 N COCONUT LANE City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Change (X) Addition

Name: SCHENKER, MARVIN L Address: 215 N. COCONUT LANE City-St-Zip: MIAMI BEACH, FL 33139

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: SHELLEY SCHENKER P 04/19/2009