

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000002922	
1. Entity Name SHELTER REALTY GROUP, INC.	

Principal Place of Business 8 RABBITTS RUN PALM BEACH GARDENS, FL 33418 US	Mailing Address 8 RABBITTS RUN PALM BEACH GARDENS, FL 33418 US
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U00000370346
07/05/05-80012-003 150.00

07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0377939	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MITNICK, EDWARD 8 RABBITT RUN PALM BEACH GARDENS, FL 33418
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**DO NOT WRITE
IN THIS SPACE**

7. 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 and address.

(NOTE: Registered Agent signature required when retaining)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**8. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITNICK, EDWARD 8 RABBITT RUN PALM BEACH GARDENS, FL 33418
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05

Date

561-630-7792

Daytime Phone