

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000035309

1. Entity Name
SHELLS OF DADE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -2 PM 3: 06

Principal Place of Business
7390 SW 117TH AVE
MIAMI, FL 33183 US

Mailing Address
16313 NORTH DALE MABRY HIGHWAY
SUITE 100
TAMPA, FL 33618



04242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-3198413		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NELSON, WARREN 16313 NORTH DALE MABRY HWY, STE 100 TAMPA, FL 33618				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	CHRISTON, LESLIE	<input type="checkbox"/> Delete	TITLE	CEO	BERNSTEIN, MARC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		16313 N. DALE MABRY #100		STREET ADDRESS			
CITY-ST-ZIP		TAMPA, FL 33618		CITY-ST-ZIP			
TITLE	VP	NELSON, WARREN	<input type="checkbox"/> Delete	TITLE	P, CFO		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		16313 N. DALE MABRY HWY, #100		STREET ADDRESS			
CITY-ST-ZIP		TAMPA, FL		CITY-ST-ZIP			
TITLE		KATHMAN, GUY	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		16313 N. DALE MABRY #100		STREET ADDRESS			
CITY-ST-ZIP		TAMPA, FL 33618		CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE: Warren R. Nelson 5-5-08 813-961-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #