

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029132

Entity Name: SHELLEY MAE, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

6301 WEST ATLANTIC BLVD
STE A
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6301 WEST ATLANTIC BLVD
STE A
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0910295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, LOUIS J
8333 W. MCNAB ROAD
SUITE 203
TAMARAC, FL 33321 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: PD () Delete
Name: PRESS, ROCHELLE M
Address: 6841 NW 81ST COURT
City-St-Zip: PARKLAND, FL 33067

Title: VD () Delete
Name: PRESS, NATALEE
Address: 472 SEAWARD ROAD
City-St-Zip: CORONA DEL MAR, CA 92625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRESS, ROCHELLE M
Address: 9537 TIVOLI ISLES BLVD.
City-St-Zip: DELRAY BEACH, FL 33446

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

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: ROCHELLE PRESS

PD

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date