


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90253 012 \*\*\*150.00

<b>DOCUMENT # S68972</b>	
1. Entity Name <b>SHELTER TECHNOLOGIES, INC.</b>	

Principal Place of Business <b>1499 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON, FL 33486</b>	Mailing Address <b>1499 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON, FL 33486</b>
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**44030130**



2. Principal Place of Business <b>8809 Twin Lake Drive</b>	3. Mailing Address <b>8809 Twin Lake Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252004 Chg-P CR2E034 (10/03)

City & State <b>BOCA RATON, FL.</b>	City & State <b>BOCA RATON, FL.</b>
Zip <b>33496</b>	Zip <b>33496</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0282452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MORRIS, LELAND M. 1499 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON, FL 33486</b>	
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7. Name and Address of New Registered Agent	
Name <b>LELAND MORRIS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8809 Twin Lake Drive</b>	
City <b>BOCA RATON</b>	FL Zip Code <b>33496</b>

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 *Leland Morris* **DP LELAND MORRIS** 4/25/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MORRIS, LELAND M. 1499 W. PALMETTO PARK RD BOCA RATON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP LELAND MORRIS 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leland Morris* **LELAND MORRIS** 4/25/04 561-479-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #