

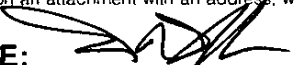


70030 **2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # S75695 1. Entity Name SHELLS, INC.						<div style="text-align: center;"> FILED 06 APR 25 PM 2:51 9980-30  </div>	
Principal Place of Business 16313 N. DALE MABRY HIGHWAY SUITE 100 TAMPA FL 33618				Mailing Address 16313 N. DALE MABRY HIGHWAY SUITE 100 TAMPA FL 33618			
2. Principal Place of Business		3. Mailing Address		<div style="text-align: center;"> 1st MOORE CR2E034 (10/05) </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 4. FEI Number 59-3106541 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent NELSON, WARREN R 1613 N DALE MABRY HWY STE 100 TAMPA FL 33618				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete CHRISTON, LESLIE 16313 NORTH DALE MABRY HWY, STE 100 TAMPA FL 33618			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 300072037113 04/26/06--01008--001 **2450.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete KATHMAN, GUY 16313 NORTH DALE MABRY HWY, STE 100 TAMPA FL 33618			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete NELSON, WARREN R. 16313 N. DALE MABRY HWY TAMPA FL			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		
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 exemptions contained in Section 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 all other like empowered.							
SIGNATURE: 				Warren R. Nelson 4-14-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			