


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 760680
1. Entity Name
THE GOLD SHIELD FOUNDATION, INC.



Principal Place of Business
**14808 FARNHAM WAY
TAMPA, FL 33624**

Mailing Address
**PO BOX 271791
TAMPA, FL 33688-1791**

DO NOT WRITE IN THIS SPACE



04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2236362 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**VOSKERICHIAN, JOE
13920 CLUBHOUSE CIRCLE
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

100000540331
05/10/06-80014-008 81.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWERS, RICHARD T 11401 SUNCREEK PLACE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCNIFF, PHILIP 3401 LATANIA DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD VOSKERICHIAN, JOE 14808 FARNHAM WAY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWBERGER, NEW 907 CLEARCREEK DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCRANIE, ROBERT E III 450 PLEASANT GROVE DR. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVY, GEORGE A 2611 BAYSHORE BLVD #401 TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Robert E. McCranie III **Robert E. McCranie III** 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #