2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000002613

1. Entity Name

RADIATION SHIELD TECHNOLOGIES, INC.



Principal Place of Business

401 SW LEJEUNE RD

200

10.

CORAL GABLES, FL 33134

Mailing Address

PO BOX 21026

FORT LAUDERDALE, FL 33335-1026

FILED
Mar 12, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE 01202007

1202007 No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0602502

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE

a. 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	Signature, typed or printed name of registered agent and title (арріісаріе,	(NOTE, Registered Agent signature required when reinstating)		DATE	
				 _		

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE NAME DEMEO, RONALD F M.D. STREET ADDRESS 401 SW LEJEUNE RD CITY-ST-ZIP CORAL GABLES, FL 33134 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

U00000652411 03/21/07-60012-008 150/00

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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 truli 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: Y

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED O

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14 200+

B Daytime Phon