

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094020

FILED
Mar 13, 2004
Secretary of State

Entity Name: DURA SHIELD, INC.

Current Principal Place of Business:

137 CONCORD DRIVE, SUITE #1121
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

137 CONCORD DRIVE, SUITE #1121
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-0179263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGLE & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 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: DPST () Delete
Name: STOCKHOLM, KATHLEEN R
Address: 137 CONCORD DRIVE, SUITE #1121
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: JULIANO, ANTHONY
Address: 137 CONCORD DRIVE, SUITE #1121
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHY STOCKHOLM

DPST

03/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date