


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000094020</b> 1. Entity Name <b>DURA SHIELD, INC.</b>	
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FILED

04 OCT 12 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>137 CONCORD DRIVE, SUITE #1121 CASSELBERRY, FL 32707</b>	Mailing Address <b>137 CONCORD DRIVE, SUITE #1121 CASSELBERRY, FL 32707</b>
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2. Principal Place of Business <b>137 CONCORD DR</b> Suite, Apt. #, etc. <b>SUITE 1121</b> City & State <b>CASSELBERRY, FL</b> Zip <b>32707</b> Country <b>U.S.A.</b>	3. Mailing Address <b>137 CONCORD DR</b> Suite, Apt. #, etc. <b>SUITE 1121</b> City & State <b>CASSELBERRY, FL</b> Zip <b>32707</b> Country <b>U.S.A.</b>
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10072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>SPIEGLE &amp; UTRERA, P.A.</b> <b>1840 SOUTHWEST 22 STREET, 4TH FLOOR</b> <b>MIAMI, FL 33145</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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4. FEI Number <b>20-0179263</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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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 \_\_\_\_\_

<b>Amended AR is \$61.25</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>DPST</b> <b>STOCKHOLM, KATHLEEN R</b> <b>137 CONCORD DRIVE, SUITE #1121</b> <b>CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>STOCKHOLM, KATHLEEN, R</b> <b>137 CONCORD DR SUITE 1121</b> <b>CASSELBERRY, FL 32707</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JULIANO, ANTHONY</b> <b>137 CONCORD DRIVE, SUITE #1121</b> <b>CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JULIANO, ANTHONY</b> <b>137 CONCORD, DR SUITE 1121</b> <b>CASSELBERRY, FL 32707</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	<b>VP</b> <b>LAUKAITIS, JOAN</b> <b>137 CONCORD DR SUITE 1121</b> <b>CASSELBERRY, FL 32707</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400041796324</b> <b>10/12/04--01001--008 **61.25</b> <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 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:** *Anthony Juliano* 10-7-04 407-694-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #