

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004888

FILED
Apr 26, 2005
Secretary of State

Entity Name: COSMIC SHIELD CORPORATION

Current Principal Place of Business:

2348 WOODSALE RD
SHEPHERSVILLE, KY 40165

New Principal Place of Business:

2545 E SUNRISE BLVD # 132
FORT LAUDERDALE, FL 40165

Current Mailing Address:

2348 WOODSALE RD
SHEPHERSVILLE, KY 40165

New Mailing Address:

2545 E SUNRISE BLVD # 132
FORT LAUDERDALE, FL 40165

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 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: DPVS () Delete
Name: ARMSTRONG, MERLE
Address: 2348 WOODSALE RD
City-St-Zip: SHEPHERSVILLE, KY 40165

Title: T () Delete
Name: ARMSTRONG, MERLE
Address: 2348 WOODSALE RD
City-St-Zip: SHEPHERSVILLE, KY 40165

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARMSTRONG, MERLE
Address: 2545 E SUNRISE BLVD # 132
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: V (X) Change () Addition
Name: ARMSTRONG, MERLE
Address: 2545 E SUNRISE BLVD # 132
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S () Change (X) Addition
Name: ARMSTRONG, MERLE
Address: 2545 E SUNRISE BLVD # 132
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T () Change (X) Addition
Name: ARMSTRONG, MERLE
Address: 2545 E SUNRISE BLVD # 132
City-St-Zip: FORT LAUDERDALE, FL 33304

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: MERLE ARMSTRONG

PRE

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date