2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# F04000004888

Entity Name: COSMIC SHIELD CORPORATION

Current Principal Place of Business:

2545 E SUNRISE BLVD # 132
FORT LAUDERDALE, FL 40165

New Principal Place of Business:

2545 E SUNRISE BLVD # 132
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

2545 E SUNRISE BLVD # 132
FORT LAUDERDALE, FL 40165

New Mailing Address:

4139 VIA MARINA APT 304
MARINA DEL REY, CA 90292 US

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
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

DENTNESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

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: BUSINESS FILINGS INCORPORATED 04/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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 PRES 04/11/2006
Electronic Signature of Signing Officer or Director Date