2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# F05000003888

Entity Name: HB SHIELD, INC.

Current Principal Place of Business:

310 S. DILLARD STREET
STE 310
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

310 S. DILLARD STREET
STE 310
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 88-0173539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, STEVEN
331 CROFTON DRIVE
OCOEE, FL 34761 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: CP ( ) Delete
Name: HOFFMAN, MARTIE
Address: 310 S. DILLARD STREET STE 310
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPT ( ) Delete
Name: HOFFMAN, STEVEN M
Address: 310 S. DILLARD STREET STE 310
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS ( ) Delete
Name: SHIELDS, RUTH M
Address: 3595 W. FORD AVENUE
City-St-Zip: LAS VEGAS, NV 89139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: HOFFMAN, MARTI
Address: 310 S. DILLARD STREET STE 310
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: DS (X) Change ( ) Addition
Name: SHIELDS, RUTH M
Address: 228 DEL SOL
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN HOFFMAN VPT 03/22/2009

Electronic Signature of Signing Officer or Director — Date