

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F05000006975

1. Entity Name  
THE SHIELD FOUNDATION, INC



Principal Place of Business  
2401 US HWY 70 SW  
HICKORY, NC 28602

Mailing Address  
631 WEST LUMSDEN ROAD  
BRANDON, FL 33511

2. Principal Place of Business

1440 Bloomingdale Ave  
Suite, Apt. #, etc.

3. Mailing Address

1440 Bloomingdale Ave  
Suite, Apt. #, etc.

City & State

HICKORY, NC

City & State

HICKORY, FL

Zip

33554

Country

USA

Zip

33594

Country

USA

6. Name and Address of Current Registered Agent

GRAVES, MARSHA  
6507 N. FIVE ACRE RD.  
PLANT CITY, FL 33565

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

04272006 Chg-NP CR2E037 (11/05)

4. FEI Number  
20-0349064

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and tdo if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHIELDS, RUSTY PO BOX 355 GRANITE FALLS, NC 28630	<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	D BLANCHAT, TIMOTHY J 37 STILLWATER LANE HICKORY, NC 28601	<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	D TOMLINSON, CARMELA 3739 HICKORY BLVD. HUDSON, NC 28638	<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	ST STONE, ZECHARIAH P 2222 9TH AVE NE HICKORY, NC 28601	<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
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 exemptions contained 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 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 617, 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:

*Rusty Shields, Chairman 4/26/06 813-413-2406*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #