

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032778

FILED
Apr 30, 2007
Secretary of State

Entity Name: SHIELD OF FAITH ENTERPRISES LLC

Current Principal Place of Business:

542 ARNAU TERRACE
JACKSONVILLE, FL 32254

New Principal Place of Business:

335 W. 23RD ST.
JACKSONVILLE, FL 32208

Current Mailing Address:

542 ARNAU TERRACE
JACKSONVILLE, FL 32254

New Mailing Address:

1567 CANDICE COURT
JACKSONVILLE, FL 32254

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

Name and Address of Current Registered Agent:

PETERSON-HAMILTON, BARBARA
1567 CANDICE CT
JACKSONVILLE, FL 32225 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMILTON, JEFFREY
Address: 1567 CANDICE CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: PETERSON-HAMILTON, BARBARA
Address: 1567 CANDICE CT
City-St-Zip: JACKSONVILLE, FL 32225

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

ADDITIONS/CHANGES:

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

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

Title: AMGR () Change (X) Addition
Name: PETERSON, ANTWIONE K
Address: 335 W. 23RD ST.
City-St-Zip: JACKSONVILLE, FL 32208 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BABARA PETERSON-HAMILTON

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date