

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051906

FILED  
May 04, 2007  
Secretary of State

Entity Name: SHIELD OF PROTECTION SYSTEMS, INC.

## Current Principal Place of Business:

1337 SW SOUTH MACEDO BLVD.  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

1349 SW SOUTH MACEDO BLVD.  
PORT SAINT LUCIE, FL 34983

## Current Mailing Address:

1337 SW SOUTH MACEDO BLVD.  
PORT SAINT LUCIE, FL 34983

## New Mailing Address:

1349 SW SOUTH MACEDO BLVD.  
PORT SAINT LUCIE, FL 34983

FEI Number: 65-1010305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITTEN, WILLIAM R  
5760 NW ZENITH DR.  
PORT SAINT LUCIE, FL 34986 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: P ( ) Delete  
Name: WHITTEN, WILLIAM R  
Address: 5760 NW ZENITH DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP ( ) Delete  
Name: WHITTEN, TARA M  
Address: 5760 NW ZENITH DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM R. WHITTEN

PRES

05/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date