

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051906

FILED
Apr 26, 2012
Secretary of State

Entity Name: SHIELD OF PROTECTION SYSTEMS, INC.

Current Principal Place of Business:

562 NW INTERPARK PLACE
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

562 NW INTERPARK PLACE
PORT SAINT LUCIE, FL 34986

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

Title: VP
Name: LATOS, MOIRA L
Address: 1031 SW JOHN MACCORMACK TERRACE
City-St-Zip: 5760 NW ZENITH DR., FL 34953

Title: SEC
Name: WHITTEN, WILLIAM R
Address: 5760 NW ZENITH DR.
City-St-Zip: 5760 NW ZENITH DR., FL 34986

I hereby 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 all other like empowered.

SIGNATURE: TARA M. WHITTEN

EVP

04/26/2012

Electronic Signature of Signing Officer or Director

Date