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COVER LETTER

SUBJECT: Stormshield Protection Corporation
(Name of Corporation)

DOCUMENT NUMBER: POOOOO (02869

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

(Calvin) Brian Wilder
(Name of Person)

Stormshield Protection Corporation
(Name of Firm/Company)

3550 23rd Avenue South
(Address)

Lake Worth FL 33461
(City/State and Zip Code)

For further information concerning this matter, please call:

(Calvin) Brian Wilder at (561) 201-4717
(Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2008 HAR 24 AM 8: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1, C. SRIMNW	1 L 10 in hereby resign as PRESINGIA
·	(Title)
of Stormshield	Protection Corporation.
P00000062869	, a corporation organized under the laws of the State of
(Document Number, if known)	, a corporation organized under the laws of the state of
Florida	·

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314