2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104273

City-St-Zip:

WEST PALM BEACH, FL 33407

FILED Apr 20, 2004 Secretary of State

Entity Nan	ne: GOLD	SHIELD MA	NAGEMENT SERVICI	ES, INC.				
Current Principal Place of Business:					New Principal Place of Business:			
5841 CORPORATE WAY STE. 200 WEST PALM BEACH, FL 33407								
Current Mailing Address:					New Mailing Address:			
5841 CORF STE. 200 WEST PAL								
FEI Number:	52-2278926	FEI Nur	nber Applied For()	FEI Num	ber Not Appli	icable ()	Certifica	ate of Status Desired (X)
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
MAZORRA, SHERRY 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH, FL 33407 US					HUDSON, WILLIAM E 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH, FL 33407 US			
The above in the State		ty submits t	his statement for the p	urpose of	changing it	s registered	office or I	registered agent, or both,
SIGNATURE: WILLIAM E. HUDSON					04/20/2004			
	Elect	ronic Signat	ture of Registered Age	nt				Date
Election Cam	paign Finan	cing Trust Fu	nd Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		()Delete T ORATE WAY: M BEACH, FL			Title: Name: Address: City-St-Zip:	,	() Change	() Addition
Title: Name: Address: City-St-Zip:		()Delete VILLIAM E PORATE WAY VI BEACH, FL			Title: Name: Address: City-St-Zip:	,	() Change	() Addition
Title: Name: Address:	T MAZORRA, 5841 CORF	() Delete SHERRY ORATE WAY	STE 200		Title: Name: Address:	T HUDSON, WI 5841 CORPO	LLIAM E	() Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

WEST PALM BEACH, FL 33407

SIGNATURE: WILLIAM E. HUDSON S 04/20/2004