


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000106926</b> 1. Entity Name DECOSHIELD SYSTEMS II, INC.	
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Principal Place of Business 272 SW 12TH AVENUE DEERFIELD BEACH, FL 33442	Mailing Address 272 SW 12TH AVENUE DEERFIELD BEACH, FL 33442
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3840727	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  Camm, Linda S 272 SW 12TH AVENUE DEERFIELD BEACH, FL 33442
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	0000000505848 01/30/07-80054-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC EINHORN, STEPHEN 2675 N. MAYFAIR RD STE 410 MILWAUKEE, WI 53226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MOLLICK, SHEPPARD JR 225 E RAVINE BAYE ROAD MILWAUKEE, WI 53217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM NEVINS, MICHAEL J 849 N. POINT VIEW RD. OCONOMOWOC, WI 53066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD Camm, Linda S 272 SW 12TH AVENUE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>Linda S. Camm</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/22/07</u> <small>Date</small>	<u>(954) 725-7665</u> <small>Daytime Phone #</small>
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