

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022374

Entity Name: LIFESHIELD SECURITY, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

9951 ATLANTIC BLVD.
STE 438
JACKSONVILLE, FL 32225

New Principal Place of Business:

12890 DUNES LAKE TERRACE
JACKSONVILLE, FL 32225

Current Mailing Address:

9951 ATLANTIC BLVD.
STE 438
JACKSONVILLE, FL 32225 US

New Mailing Address:

12890 DUNES LAKE TERRACE
JACKSONVILLE, FL 32225 US

FEI Number: 35-2161182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORTIZ, VANIA
4627 JOCELYN RD. W
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

GROFF, AIXA
12890 DUNES LAKE TERRACE
JACKSONVILLE, FL 32225 US

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: AIXA C.GROFF

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ESTEVEZ, PABLO
Address: 2473 MAYAPPLE RD E
City-St-Zip: JACKSONVILLE, FL 32211

Title: DV () Delete
Name: ESTEVEZ-GROFF, AIXA E
Address: 12890 DUNES LAKE TERRACE
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS () Delete
Name: ORTIZ, VANIA
Address: 4627 JOCELYN RD. W
City-St-Zip: JACKSONVILLE, FL 32225

Title: DT () Delete
Name: ESTEVEZ, LESTER
Address: 2472 MAQYAPPLE RD. E
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: GROFF, GERALD D
Address: 103 DELAPLANE AVE.
City-St-Zip: NEWARK, DE 19713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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.

SIGNATURE: AIXA ESTEVEZ-GROFF

DP

04/27/2005

Electronic Signature of Signing Officer or Director

Date