

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016119

Entity Name: SHINING ARMOUR, INC.

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

343 TYMBER RUN  
ORMOND BCH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 731632  
ORMOND BCH, FL 321731632

**New Mailing Address:**

FEI Number: 59-3766150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARKEY, BARRY P  
P.O. BOX 731632  
ORMOND BCH, FL 321731632 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARKEY, BARRY P  
Address: 343 TYMBER RUN  
City-St-Zip: ORMOND BCH, FL 32174

Title: O ( ) Delete  
Name: MARKEY, KERRI  
Address: 343 TYMBER RUN  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: BARRY P MARKEY

D

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date