

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000146184

Entity Name: KINGSHIELD PRODUCTIONS, INC.

FILED  
Sep 19, 2005  
Secretary of State

## Current Principal Place of Business:

6652 GLEN MEADOW LOOP  
LAKELAND, FL 33810

## New Principal Place of Business:

## Current Mailing Address:

6652 GLEN MEADOW LOOP  
LAKELAND, FL 33810

## New Mailing Address:

FEI Number: 20-0508342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

MOSELLE, MICHAEL D CEO  
6652 GLEN MEADOW LOOP  
LAKELAND, FL 33810 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: MICHAEL D. MOSELLE, CEO

09/19/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOSELLE, MICHAEL D CEO  
Address: 6652 GLEN MEADOW LOOP  
City-St-Zip: LAKELAND, FL 33810

Title: VP ( ) Delete  
Name: MOSELLE, JAYSEN S MANAGER  
Address: 1613 CRYSTAL VIEW TRAIL  
City-St-Zip: LAKELAND, FL 33801

Title: S ( ) Delete  
Name: PARRY, JANE M  
Address: 1613 CRYSTAL VIEW TRAIL  
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete  
Name: MOSELLE, MARIANNE  
Address: 6652 GLEN MEADOW LOOP  
City-St-Zip: LAKELAND, FL 33810

## 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:

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: M. D. MOSELLE

CEO

09/19/2005

Electronic Signature of Signing Officer or Director

Date