2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P03000152326

Entity Name: SHIELD INSURANCE OF TAMPA BAY, INC.

Current Principal Place of Business:

25400 U.S. HWY. 19 NORTH
SUITE 234
CLEARWATER, FL 33763 US

New Principal Place of Business:

25400 U.S. HWY. 19 NORTH
SUITE 197
CLEARWATER, FL 33763 US

Current Mailing Address:

25400 U.S. HWY. 19 NORTH
SUITE 234
CLEARWATER, FL 33763 US

New Mailing Address:

25400 U.S. HWY. 19 NORTH
SUITE 197
CLEARWATER, FL 33763 US

FEI Number: 88-0518832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERNECKY, GORDON J
2621 SUNNYSIDE CIRCLE
PALM HARBOR, FL 34684 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: DIR. ( ) Delete
Name: CHERNECKY, GORDON J
Address: 2621 SUNNYSIDE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GORDON J CHERNECKY DIR 04/17/2006
Electronic Signature of Signing Officer or Director Date