2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# P04000038765

Entity Name: SHIELD SECURITY SYSTEMS INC.

Current Principal Place of Business:

1335A NW ST. LUCIE WEST BLVD., #301
PORT ST. LUCIE, FL 349862140

New Principal Place of Business:

PO BOX 881213
PORT ST. LUCIE, FL 349881213

Current Mailing Address:

1335A NW ST. LUCIE WEST BLVD., #301
PORT ST. LUCIE, FL 349862140

New Mailing Address:

PO BOX 881213
PORT ST. LUCIE, FL 349862140

FEI Number: 73-1697798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTENS, MARTINIQUE
5540 NW EAST TORINO PKWY., #306
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

SENIOR, MARTINIQUE
5540 NW EAST TORINO PKWY., #306
PORT ST. LUCIE, FL 34986 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: MARTINIQUE SENIOR 01/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARTENS, MARTINIQUE
Address: 1335A NW ST. LUCIE WEST BLVD., #301
City-St-Zip: PORT ST. LUCIE, FL 349862140

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SENIOR, MARTINIQUE
Address: PO BOX 881213
City-St-Zip: PORT ST. LUCIE, FL 349881213

Title: VP ( ) Change (X) Addition
Name: SENIOR, WAYNE
Address: PO BOX 881212
City-St-Zip: PORT ST. LUCIE, FL 349881213

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: MARTINIQUE SENIOR PD 01/19/2005
Electronic Signature of Signing Officer or Director Date