


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90064 028 \*\*\*150.00

<b>DOCUMENT # P04000091091</b> 1. Entity Name <b>SHIELDING STEEL, INC.</b>			
Principal Place of Business <b>114 N. OCEAN BLVD. POMPANO BEACH, FL 33062</b>		Mailing Address <b>114 N. OCEAN BLVD. POMPANO BEACH, FL 33062</b>	
2. Principal Place of Business <b>4701 N FED HWY SUITE 460 POMPANO BEACH FL 33064</b>		3. Mailing Address <b>4701 N FED HWY SUITE 460 POMPANO BEACH FL 33064</b>	
City & State <b>POMPANO BEACH FL</b>		City & State <b>POMPANO BEACH FL</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>20-1248196</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KEEN, JOHN 1229 W. LAKES DR. DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD QUATELA, JOSEPH 1631 S. FEDERAL HIGHWAY APT. 409 POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CROMWELL, TRAVIS 4900 LIGHTHOUSE CIRCLE APT. O COCONUT CREEK, FL 33073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE</b> 		<b>John Keen</b> <b>2-14-06</b> <b>800-798-9822</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	