2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023271

Entity Name: MEGASHIELD, INC.

FILED Aug 31, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O GARY R. SASLAW, P.A. 20801 BISCAYNE BOULEVARD, SUITE 304 AVENTURA, FL 331801422				3511 WEST COMMERCIAL BOULEVARD SUITE 209 FORT LAUDERDALE, FL 33309			
Current M	lailing Addres	ss:	New Mailing Address:				
C/O GARY R. SASLAW, P.A. 20801 BISCAYNE BOULEVARD, SUITE 304 AVENTURA, FL 331801422				3511 WEST COMMERCIAL BOULEVARD. SUITE 209 FORT LAUDERDALE, FL 33309			
FEI Number:	: 36-4568898	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUITE 304	CAYNE BOUL						
	e named entity e of Florida.	submits this statement for the	e purpose o	of changing i	ts registered	d office or regis	tered agent, or both,
SIGNATU	RE:						
	Electron	nic Signature of Registered A	gent	Date			
Election Car	mpaign Financin	3(2)(b), F.S., the corporation did grows Fund Contribution ().	not receive t				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BENARI, ARYE 3951 194TH TE	*		Title: Name: Address: City-St-Zip:	D BENARI, AR 3951 194TH SUNNY ISLE		
Title: Name: Address: City-St-Zip:	D (DARDEN, JAM 4904 BRANCH BIRMINGHAM,	MILL CIRCLE		Title: Name: Address: City-St-Zip:		() Change () Ad	ddition
Title: Name: Address: City-St-Zip:	D (STEVENSON, I 1 N.E. LAGOOI STUART, FL 3	N ISLAND		Title: Name: Address: City-St-Zip:		() Change () Ad	ldition

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: ARYEH BENARI PRES 08/31/2006