

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90129 046 ***158.75



DOCUMENT # P05000023271
 1. Entity Name
MEGASHIELD, INC.

Principal Place of Business Mailing Address
 3511 WEST COMMERCIAL BOULEVARD 3511 WEST COMMERCIAL BOULEVARD.
 SUITE 209 SUITE 209
 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3511 W. Commercial Blvd **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 211

City & State City & State
FT LAUDERDALE, FL.

Zip Country Zip Country
33309 **BRWARD**

07132007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
36-4568898 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SASLAW, GARY R
20801 BISCAYNE BOULEVARD
SUITE 304
AVENTURA, FL 33180-1422

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENARI, ARYEH	
STREET ADDRESS	3951 194TH TRAIL	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARDEN, JAMES W	
STREET ADDRESS	4904 BRANCH MILL CIRCLE	
CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENSON, RAY	
STREET ADDRESS	1 N.E. LAGOON ISLAND	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowers.

SIGNATURE: *[Signature]* Date: 7-13-2007 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR