



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P05000023485 1. Entity Name HSHIELDS CORP.				
<small>Principal Place of Business</small> 5259 SOUTH WEST 40 AVENUE FORT LAUDERDALE, FL 33314 US		<small>Mailing Address</small> 5259 SOUTH WEST 40 AVENUE FORT LAUDERDALE, FL 33314 US		
DO NOT WRITE IN THIS SPACE			<small>03182008 No Chg-P CR2E034 (11/05)</small> 4. FEI Number 20-2246805 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> SHIELDS, HELEN G 5259 SOUTH WEST 40 AVENUE FT. LAUDERDALE, FL 33314		DO NOT WRITE IN THIS SPACE		
<small>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.</small>				
<small>SIGNATURE: _____</small> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000908965 05/06/08-80051-012 150.00	
<small>10. OFFICERS AND DIRECTORS</small>		DO NOT WRITE IN THIS SPACE		
<small>TITLE</small>	P			
<small>NAME</small>	SHIELDS, HELEN G MS			
<small>STREET ADDRESS</small>	5259 SOUTH WEST 40 AVENUE			
<small>CITY-ST-ZIP</small>	FORT LAUDERDALE, FL 33314			
<small>TITLE</small>				
<small>NAME</small>				
<small>STREET ADDRESS</small>				
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<small>NAME</small>				
<small>STREET ADDRESS</small>				
<small>CITY-ST-ZIP</small>				
<small>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.</small>				
SIGNATURE: <i>Helen G. Shields</i>		<i>4-16-08</i>	<small>Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				