2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000057025

1. Entity Name
SILVER MICROSHIELD INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 357754 GAINESVILLE, FL 32635	PO BOX 357754 GAINESVILLE, FL 32635

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
25-1915976	Not Applicable

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

6. Name and Address of Current Registered Agent

SHAH, AMAR
2615 NW 21ST STREET
GAINESVILLE, FL 32605

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	SHAH, AMAR DR.
STREET ADDRESS	2615 NW 21ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	VP
NAME	OH, SEONG-GEUN DR.
STREET ADDRESS	5062 NW 44TH LANE, APT 105
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80066-014 150.00

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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.

SIGNATURE: ✔ _____   4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #