2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142043

Entity Name: CHIC SHIELDS, INC.

City-St-Zip:

CORAL SPRINGS, FL 33071

FILED Apr 25, 2007 Secretary of State

Littly Na	ine. Chilo Sh	IILLDS, INC.			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
758 NW 90TH STREET MIAMI SHORES, FL 33138			#510	758 NE 90TH STREET #510 MIAMI SHORES, FL 33138	
Current M	lailing Addre	ss:	New Mailing Ad	New Mailing Address:	
758 NW 90TH STREET MIAMI SHORES, FL 33138			#510	758 NE 90TH STREET #510 MIAMI SHORES, FL 33138	
FEI Number: 74-3193817 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
	SETH OTH STREET ORES, FL 33	138 US	#510	758 NE 90TH STREET	
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATUI	RE:			04/25/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MILLER, BETH 29954 PAINT I EVERGREEN,	BRUSH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (CROHN, GABF 8051 NW 71S TAMARAC, FL	T COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STD (BUTCHIN, SIN 11580 NW 3R		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: SINDI BUTCHIN STD 04/25/2007