2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P07000072085

1. Entity Name TROPICAL STORM SHIELD, INC.



FILED May 09, 2008 8:00 am Secretary of State 05-09-2008 90004 005 ***150.00

					100						
46 N WASHINGTON BLVD SUITE 1				Mailing Address 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236			40099946				
2. Principal Pl	lace of Busin	ess - No P.O Box #	3.	Mailing Address							
Suite, Apt #, etc				Suite, Apt. #, etc.							
							04022008	Chg-P	CR2E03	34 (12/06)	
City & State			City & State				4. FEI Nembe 23-0	387330			pleso Fur it Applicables
Zip	Zip Country			Zip Country			5. Certificate	of Slatus Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curren	t Regis	tered Agent			7. Name and	Address of New R	egistered A	gent	
LPS CORE	PORATE S	ERVICES INC			Name						
LPS CORPORATE SERVICES, INC 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236						Street Address (P.O. Box Number is Not Acceptable)					
					City	<u></u>	- Andrew Control of the Control of t		FL	Zip Cod	e
8 The above	named entire	cultimite this statement t	or the r	ourpose of changing its re	nistered office	or register	ed agent or bo	th, in the State of Flo		amiliar with	and accept
	ions of regist		Or the t	our peace of changing its re-	grater see conce	or regionals	co agent c. do	in, in the diale of the	2100. Taili	Commission Percent	0 0 00000
SIGNATURE_	Signature, typed	or printed runne of registered agen	Land (Le	ii app≒cable INO1€ Hi	egistie od Agent e gn	ature rectained	i when (einstating)	· · · · · · · · · · · · · · · · · · ·	CATE		
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		FEE IS \$150.00 3 Fee will be \$550	.00	 Election Campaign Trust Fund Contrib 		\$5.] Adde	.00 May Be ed to Fees				
10.	-	OFFICERS AND	O DIREC	CTORS	11.		ADDITIONS,	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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43 haraby	sortifu that the	a information appoint wi	th this f	filing does not qualify for t	he exemptions	contained	t in Chapter 11	9 Florida Statutes I	further cert	ify that the i	riformation

Interesty certify that the information supplied with this filling does not quality 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 his 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 accuracy with an other like empowered.