


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90004 005 ***150.00

DOCUMENT # P07000072085 1. Entity Name TROPICAL STORM SHIELD, INC.					
Principal Place of Business 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236			Mailing Address 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 23-0387330			Apply Fee Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236				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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Officer Entry]			DPS Paul, Brent T 2203 Industrial Blvd. Sarasota, FL 34234		
[Empty Officer Entry]			DVT Paul, Judy C. 2203 Industrial Blvd., Sarasota, FL 34233		
[Empty Officer Entry]			[Empty Officer Entry]		
[Empty Officer Entry]			[Empty Officer Entry]		
[Empty Officer Entry]			[Empty Officer Entry]		
[Empty Officer Entry]			[Empty Officer Entry]		
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 any other like empowered.					
SIGNATURE: <u>BRENT PAUL</u> PRES BRENT PAUL			5-5-08 9413555611		