

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000052547

**FILED**  
**Aug 23, 2012**  
**Secretary of State**

**Entity Name:** PSORIA-SHIELD INC.

**Current Principal Place of Business:**

6408 W. LINEBAUGH AVE  
SUITE 103  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

6408 W. LINEBAUGH AVE  
SUITE 103  
TAMPA, FL 33625 US

**New Mailing Address:**

**FEI Number:** 27-0381506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LONGO, EDWIN T  
140 PUTNAM AVENUE  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

JOHNSON, SCOT  
6408 W LINEBAUGH AVE  
SUITE 103  
TAMPA, FL 33625 US

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.

SIGNATURE: SCOT JOHNSON

08/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: JOHNSON, SCOT L  
Address: 12743 COUNTRY BROOK LANE  
City-St-Zip: TAMPA, FL 33625 US

I hereby 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 all other like empowered.

SIGNATURE: SCOT JOHNSON

CEO

08/23/2012

Electronic Signature of Signing Officer or Director

Date