



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P34184 1. Entity Name SHIELDS CAPITAL CORPORATION |  |
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| Principal Place of Business 140 BROADWAY 44TH FLR NEW YORK, NY 10005 | Mailing Address 140 BROADWAY 44TH FLR NEW YORK, NY 10005 |
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 13-3125594 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LINDENBAUM, PHILIP 2900 SOUTH TAMiami TRAIL SARASOTA, FL 34239 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

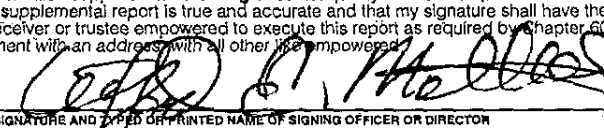
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHIELDS, DAVID V. 131 E. 69TH STREET NEW YORK, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD SHIELDS, JOSEPH V. 152 WHEATLEY ROAD BROOKVILLE, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCARPA, RAPLH 944 MAPLE AVE RIDGEFIELD, NJ 07657 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HUGHES, JOHN P 2 MATTHEW PL MAHWAH, NJ 07430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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04/26/05-80063-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **Controller** 4/22/05 212-3203001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #