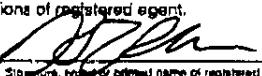
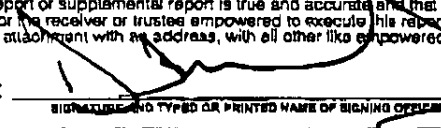


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90230 009 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P34184 1. Entity Name SHIELDS CAPITAL CORPORATION					
Principal Place of Business 140 BROADWAY 44TH FLR NEW YORK, NY 10005			Mailing Address 140 BROADWAY 44TH FLR NEW YORK, NY 10005		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-3125594	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For: Not Applicable	
6. Name and Address of Current Registered Agent LINDENBAUM, PHILIP 2900 SOUTH TAMiami TRAIL SARASOTA, FL 34239				7. Name and Address of New Registered Agent Name KEVIN VAN CLEVE Street Address (P.O. Box Number is Not Acceptable) 2900 SOUTH TAMiami TRAIL City SARASOTA FL Zip Code 34239	
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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Per \$100,000 Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHIELDS, DAVID V. 131 E. 69TH STREET NEW YORK, NY	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SHIELDS, JOSEPH V. 152 WHEATLEY ROAD BROOKVILLE, NY	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCARPA, RAPHL 944 MAPLE AVE RIDGEFIELD, NJ 07657	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MEYER, CHRISTOPHER 1881 SCHERMERHORN ST MERRICK, NY 11568	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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 all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David Shields					