## FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Mar 02, 2007 08:00-AN **Secretary of State** DOCUMENT # P93000086431 DESHIELDS VENTURES, INC. Principal Place of Business Mailing Address 2367 TRADE CENTER WAY 165 N.W. 20 ST NAPLES, FL 33942 BOCA RATON, FL 33431 US CR2E034 (11/05) 02282007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0459198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DESHIELDS, CLYDE DO NOT WRITE 165 N.W. 20 ST BOCA RATON, FL 33431 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (MOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000654118 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS

03/13/07-80049-007 150.00

TELE SHIELDS, DANIEL E STREET ADDRESS 840 SW 17TH ST CITY-ST-ZIP BOCA RATON, FL 33486 TITLE DESHIELDS, C. STEVEN NAME STREET ADDRESS 241 BAY POINTE NAPLES, FL 34103 CITY-ST-ZIP THILE STINE, DEBORAH D NAME STREET ADDRESS 2240 NW 23RD WAY BOCA RATON, FL 33431 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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 drustee ampowered 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 th all other like empowered.

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AME OF SIGNING OFFICER OR DIRECTOR

<u> 2-28-07</u>

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