## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000083003

City-St-Zip:

BOCA RATON, FL 33431

Entity Name: DESHIELDS GROUP, INC.

FILED Mar 29, 2006 Secretary of State

Entity Name: DESHIELDS GROUP, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
165 N.W. 2 BOCA RAT	20TH ST FON, FL 3343 <sup>,</sup>	1			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
165 N.W. 2 BOCA RAT	20TH ST FON, FL 3343	1			
FEI Number:	65-0538473	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
STINE, DEBORAH D 2240 NW 23RD WAY BOCA RATON, FL 33431 US			DESHIELDS, CLYDE 165 N.W. 20TH ST BOCA RATON, FL 3343		
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CLYDE DESHIELDS				03/29/2006	
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () DESHEILDS, S' 241 BAY POINT NAPLES, FL 34	E	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () DESHIELDS, DA 840 SW 17TH S BOCA RATON, I	STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	T () STINE, DEBORA 2240 NW 23RD		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DANIEL DESHIELDS V 03/29/2006