## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000083003

City-St-Zip:

BOCA RATON, FL 33431

Entity Name: DESHIELDS GROUP, INC.

FILED Jan 08, 2009 Secretary of State

| Current Principal Place of Business:          |   |                                  | New Principal Place                         | New Principal Place of Business:             |  |
|---|---|----------------------------------|---|--|--|
| 165 N.W. 2<br>BOCA RA                         | 20TH ST<br>TON, FL 3343                             | 1                                |   |  |  |
| Current Mailing Address:                      |   |                                  | New Mailing Address:                        |  |  |
| 165 N.W. 2<br>BOCA RA                         | 20TH ST<br>TON, 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 New Registered Agent:   |  |  |
| 165 N.W. 2                                    | OS, CLYDE<br>20TH ST<br>TON, FL 3343                | 1 US                             |   |  |  |
|   | named entity<br>of Florida.                         | submits this statement for the p | ourpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATU                                       | RE:   |                                  |   |  |  |
|   | Electron  | nic Signature of Registered Ag   | ent   | Date   |  |
| Election Car                                  | npaign Financin                                     | g Trust Fund Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:                       |   |                                  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P (<br>DESHEILDS, S<br>241 BAY POIN<br>NAPLES, FL 3 | TE                               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | V (<br>DESHIELDS, D<br>840 SW 17TH<br>BOCA RATON,   | STREET                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                   | T (<br>STINE, DEBOF<br>2240 NW 23RI                 |                                  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify 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: CLYDE DESHIELDS PRES 01/08/2009