2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053545

Entity Name: SHIELD, INC.

FILED Apr 21, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|----------------------------------|------------------------------------|---|--|
| 920 VIRGINIA STREET KEY WEST, FL 33040 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1414 ANGELA STREET KEY WEST, FL 33040 | | | | |
| FEI Number: 65-0776592 | 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: | |
| SHIELD, LINDA M 920 VIRGINIA STREET KEY WEST, FL 33040 | US | | | |
| The above named entity in the State of Florida. | submits this statement for the բ | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electror | nic Signature of Registered Ag | ent | Date | |
| OFFICERS AND DIREC | TORS: | | | |
| Title: D | A M | | | |

Name: SHIELD, LINDA M
Address: 1414 ANGELA STREET
City-St-Zip: KEY WEST, FL 33040

Title:

Name: SHIELD, DAVID

Address: 39 EVERGREEN AVENUE City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: LINDA M. SHIELD OWN 04/21/2011