

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32135

Entity Name: AUTO SHIELD, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

9300 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

9300 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0389502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE, KENNETH E
9300 W ATLANTIC BLVD
CORAL SPGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAGE, KENNETH,
Address: 9300 W ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL

Title: TS () Delete
Name: MOFFA, EDWARD F
Address: 12036 NW 50TH DR.
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: MOFFA, EDWARD P
Address: 12036 NW 50TH DR.
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: EDWARD MOFFA

TS

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date