## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** Mar 13, 2006 08:00 AM DOCUMENT # F05000003789 **Secretary of State** SHIELD ENVIRONMENTAL ASSOCIATES, INC. Principal Place of Business Mailing Address 4301 TAGGART CREEK ROAD 4301 TAGGART CREEK ROAD CHARLOTTE, NC 28208 CHARLOTTE, NC 28208 02012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-1855749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CLOWER, MIKE DO NOT WRITE 20 SALT MARSH AMELIA ISLAND, FL 32034 IN THIS SPACE 6. 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. Signature, typed or printed name of repistered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS CS TUTE HAGER, HAMPTON CUR NAME STREET ADDRESS 681 NC HWY 120 CITY-ST-ZIP MOORESBORO, NC 28114 U00000463004 03/21/06-80059-018 150.00 VCP TITLE KNAUSS, JAMES NAME STREET ADDRESS 2456 FORTUNE DRIVE CITY-ST-ZIP LEXINGTON, KY 40509 TATLE MAME TERRELL, DANIEL V III STREET ADDRESS 2456 FORTUNE DRIVE DO NOT WRITE CITY-ST-ZIP LEXINGTON, KY 40509 IN THIS SPACE 1171.5 NAME FROST, MICHAEL STREET ADDRESS 681 NC HWY 120 COTY ST-ZIP MOORESBORO, NC 28114 TITLE HAGER, HAMPTON C III NAME STREET ADDRESS 4301 TAGGART CREEK ROAD CITY-ST-ZIP CHARLOTTE, NC 28208 TIFLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions comained 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 trustee empowered 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 an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CATY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED**