2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N04000001978

Entity Name: AMERICAN GUARANTY FUND GROUP, INC.

Current Principal Place of Business:

1425 E PIEDMONT SUITE 201B
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15159
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-0928712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEENAN, TIMOTHY J
204 S MONROE ST
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	STAHL, THOMAS W	
Address:	116 S MONROE ST, 3RD FLOOR	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	P	( ) Delete
Name:	ROBINSON, SANDRA J CPA	
Address:	1425 E PIEDMANOT STE 201B	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	DS	( ) Delete
Name:	YORK, DAVID	
Address:	7870 WOODLAND CENTER BLVD.	
City-St-Zip:	TAMPA, FL 33614	
Title:	T	( ) Delete
Name:	NEWELL-LOURAN, MICHELLE	
Address:	1425 E PIEDMONT STE 201B	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	WATSON, JOHN A	
Address:	780 CARILLON PKWY.,STE 440	
City-St-Zip:	SAINT PETERSBURG, FL 33716	
Title:	D	( ) Delete
Name:	TICKNER, JOHN J	
Address:	21255 CALIFA ST	
City-St-Zip:	WOODLAND HILLS, CA 91367	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	NEWELL, MICHELLE L	
Address:	1425 E PIEDMONT STE 201B	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER M. COX ACCT 04/18/2007

Electronic Signature of Signing Officer or Director — Date