2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006
Secretary of State

DOCUMENT# P02000090992

Entity Name: GUARDIAN HEALTH CARE SERVICES INC.

Current Principal Place of Business:

1301 W. BOYNTON BEACH BLVD.
SUITE # 9
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1301 W. BOYNTON BEACH BLVD.
SUITE # 9
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 22-3870800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANKIN, SIMON
1301 W. BOYNTON BEACH BLVD.
SUITE # 9
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

STOLFI, TODD
1301 W. BOYNTON BEACH BLVD.
SUITE # 9
BOYNTON BEACH, FL 33426 US

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: TODD STOLFI 05/17/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SANKIN, SIMON
Address: 1301 W. BOYNTON BEACH BLVD.
City-St-Zip: BOYNTON BEACH, FL 33426 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: STOLFI, TODD
Address: 1301 W. BOYNTON BEACH BLVD., SUITE #9
City-St-Zip: BOYNTON BEACH, FL 33426 US

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

SIGNATURE: TODD STOLFI DPST 05/17/2006
Electronic Signature of Signing Officer or Director Date