2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38267

Title:

Name:

Address:

City-St-Zip:

Entity Name: 1ST GUARD CORPORATION

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
200 NOKO 4TH FLOO VENICE, FI		TH			
Current Mailing Address:			New Mailing Address:		
200 NOKO 4TH FLOO VENICE, FI		TH			
FEI Number:	59-3053066	FEI Number Applied For ()	FEI Number Not Applicable) Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
200 NOKO 4TH FLOO	., EDMUND B MIS AVENUE S R L 34285 US				
The above in the State		ubmits this statement for the pu	rpose of changing its regi	stered office or registered agent, or both,	
SIGNATUR					
Election Carr		c Signature of Registered Agen Trust Fund Contribution ().	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete DMUND B E DR	ADDITIONS/CH. Title: Name: Address: City-St-Zip:	ANGES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address:	C () CAMPBELL III, E 442 WEST GATI VENICE, FL 342	Delete IDMUND B E DR 185 Delete NA IE TRAIL	Title: Name: Address:		

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.

Title:

Name:

Address:

City-St-Zip:

(X) Delete

CAMPBELL, DEBBIE,

442 WEST GATE DR

VENICE, FL 34285

() Change () Addition