2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769489

FILED Feb 06, 2008 Secretary of State

Entity Name: GUARDIAN CARE FUNDS, INC.

Current Principal Place of Business: New Principal Place of Business:

2500 W. CHURCH STREET ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

2500 W. CHURCH STREET ORLANDO, FL 32805

FEI Number: 59-2316914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANNICHIARICO, MICHAEL P
2500 W CHURCH STREET
ORLANDO, FL 32805 US

REYNOLDS, VEREEN N
2500 W CHURCH STREET
ORLANDO, FL 32805 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: VEREEN REYNOLDS 02/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ANNICHIARICO, MICHAEL P REYNOLDS, VEREEN N Name: Name: 2500 WEST CHURCH ST Address: 2500 WEST CHURCH ST Address: City-St-Zip: ORLANDO, FL 32805 US City-St-Zip: ORLANDO, FL 32805 US Title: SD () Delete Title: () Change () Addition Name: PERRY, DARRYL Name: Address: 2500 W CHURCH ST Address: City-St-Zip: ORLANDO, FL 32805 US City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, PHILLIP N CPA Name: Name: 200 S. ORANGE AVE Address: Address: City-St-Zip: ORLANDO, FL 32801 US City-St-Zip:

Title: S () Delete Title: () Change () Addition
Name: DEMINGS, VALDEZ B Name:
Address: 2500 M CHI IPCH ST

 Address:
 2500 W CHURCH ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 LONG, INEZ
 Name:

 Address:
 2500 W CHURCH ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VEREEN REYNOLDS D 02/06/2008