## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F03000004689 1. Entity Name 06 MAY -5 PH 1: 00 GENERAL GUARDIAN CORPORATION Principal Place of Business Mailing Address 2665 S. BAYSHORE DRIVE, SUITE 703 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 58-2628795 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 City Zip Code 8. 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 registered agent and little if applicable INOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTCD TITLE Defete TITLE Change RICHARDS, TIMOTHY D NAME NAME 300075204433 STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 703 STREET ADDRESS 06/14/06--01036-**-**009 \*\*800.00 MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-7IP **VPS** Delete TITLE TITLE ☐ Change □ Addition NAME DIAZ, ELENA NAME STREET ADDRESS 2665 S BAYSHORE DR., STE, 703 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Addition THLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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. 4/18/06 (305) 858–9900 4/18/06 (305) 858-9900 SIGNATURE: 1

Date

Davtime Phone #