2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

AITHOALIAI						Secretary of State				
DOCUMENT # F05000007439 1. Entity Name ANGEL GUARD PRODUCTS, INC.					02-13-2006 90011 009 ***150.00					
				TEE!						
Principal Plac	e of Business	Mailing Address								
70 JAMES STREET WORCESTER, MA 01603		70 IAMES STREET WORCESTER, MA 01603			60014718					
Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State			4. FEI Numbe				oplied For	
Zip	Country	Zip	Country	·		of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	1		7 Name and	Address of New			<u> </u>	
				7. Name and Address of New Registered Agent Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324										
				FL Zip Code						
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	L egistered office or	r register	ed agent, or bot	h, in the State of F		<u>l</u> amiliar with,	and accept	
SIGNATURE										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		Election Campaign Financing \$5 Trust Fund Contribution.							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
NAME	DPT CORMIER, FREDERICK P	☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	10 OVERLOOK DRIVE SPENCER, MA 01562		STREET ADDRESS CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	PETERSON, SCOT		NAME							
STREET ADDRESS CITY-ST-ZIP	12 BRIARCLIFF LANE SPENCER, MA 01562		STREET ADDRESS CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE					Change	☐ Addition	
NAME	CARMIER, DAVID		NAME	C.		David		_	_	
STREET ADDRESS	113 WEST PALHAM ROAD		STREET ADDRESS	[13]	west Pe	David Than Rd	. • _ •			
CITY-ST-ZIP	SHOTESBURG, MA 01072		CITY-ST-ZIP	Sh	ites bury	MA 01	012			
TITLE NAME	S ANGELINI, MICHAEL P	☐ Delete	TITLE NAME		J			K Change	☐ Addition	
STREET ADDRESS	311 MAIN ST.		STREET ADDRESS							
CITY-ST-ZIP	WIRCESTER, MA		CITY-ST-ZIP	Wor	rcester i	MA 016	08			
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	

12. I hereby 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 empoyered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

2-7-06 6

(508) 791-3882

☐ Change

☐ Addition

Daytime Phone #