


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000007439


1. Entity Name
 ANGEL GUARD PRODUCTS, INC.



Principal Place of Business
 70 JAMES STREET
 WORCESTER, MA 01603

Mailing Address
 70 JAMES STREET
 WORCESTER, MA 01603

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number
 04-3069183

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CORMIER, FREDERICK P 10 OVERLOOK DRIVE SPENCER, MA 01562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, SCOT 12 BRIARCLIFF LANE SPENCER, MA 01562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORMIER, DAVID 113 WEST PELHAM RD SHUTESBURY, MA 01072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGELINI, MICHAEL P 311 MAIN ST. WORCESTER, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/02/08-80020-022 150.00

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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 empowered.

SIGNATURE: *Frederick P Cormier Pres* FRED CORMIER 3-13-08 (508) 791-3882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR