

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007439

FILED
Mar 11, 2009
Secretary of State

Entity Name: ANGEL GUARD PRODUCTS, INC.

Current Principal Place of Business:

70 JAMES STREET
WORCESTER, MA 01603

New Principal Place of Business:

120 GODDARD MEMORIAL DRIVE
WORCESTER, MA 01603

Current Mailing Address:

70 JAMES STREET
WORCESTER, MA 01603

New Mailing Address:

120 GODDARD MEMORIAL DRIVE
WORCESTER, MA 01603

FEI Number: 04-3069183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CORMIER, FREDERICK P
Address: 10 OVERLOOK DRIVE
City-St-Zip: SPENCER, MA 01562

Title: D () Delete
Name: PETERSON, SCOT
Address: 12 BRIARCLIFF LANE
City-St-Zip: SPENCER, MA 01562

Title: D () Delete
Name: CORMIER, DAVID
Address: 113 WEST PELHAM RD
City-St-Zip: SHUTESBURY, MA 01072

Title: S () Delete
Name: ANGELINI, MICHAEL P
Address: 311 MAIN ST.
City-St-Zip: WORCESTER, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK P. CORMIER

DPT

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date