2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# F06000005713

Entity Name: GUARANTEED ASSET PROTECTION ALLIANCE, INC.

Current Principal Place of Business:

204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 20-4942020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEENAN, TIMOTHY J
204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROOKS, R. STEVEN
Address: 6303 BLUE LAGOON DR, SUITE 225
City-St-Zip: MIAMI, FL 33126 US

Title: D ( ) Delete
Name: KEEPERS, THOMAS
Address: 5710 MINERAL POINT RD
City-St-Zip: MADISON, WI 53701 US

Title: D ( ) Delete
Name: PHILLIPS, SUZANNE
Address: 1 AMERICAN ROAD
City-St-Zip: DEARBORN, MI 48126 US

Title: D (X) Delete
Name: WANDERON, ANTHONY
Address: 1776 AMERICAN HERITAGE LIFE DRIVE
City-St-Zip: JACKSONVILLE, FL 322246688 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KEEPERS, THOMAS
Address: 5710 MINERAL POINT RD
City-St-Zip: MADISON, WI 53701 US

Title: D (X) Change ( ) Addition
Name: WANDERON, ANTHONY
Address: 1776 AMERICAN HERITAGE LIFE DRIVE
City-St-Zip: JACKSONVILLE, FL 322246688 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KEEPERS PD 03/18/2009

Electronic Signature of Signing Officer or Director — Date