

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002655

FILED
Mar 30, 2007
Secretary of State

Entity Name: GUARDIAN PROTECTION SERVICES, INC.

Current Principal Place of Business:

174 THORN HILL ROAD
WARRENDALE, PA 150867528

New Principal Place of Business:

Current Mailing Address:

174 THORN HILL ROAD
WARRENDALE, PA 150867528

New Mailing Address:

FEI Number: 25-1666844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: CEO () Delete
Name: CERSOSIMO, RUSSELL L
Address: 650 RIDGE ROAD
City-St-Zip: PITTSBURGH, PA 15205

Title: EV (X) Delete
Name: WARGO, LAWRENCE E
Address: 650 RIDGE ROAD
City-St-Zip: PITTSBURGH, PA 15205

Title: P () Delete
Name: COLOSIMO, JOSEPH M
Address: 650 RIDGE ROAD
City-St-Zip: PITTSBURGH, PA 15205

Title: V (X) Delete
Name: GRAHAM, WILLIAM L
Address: 650 RIDGE ROAD
City-St-Zip: PITTSBURGH, PA 15205

Title: V () Delete
Name: SEDWICK, JAY L
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

Title: CFO (X) Delete
Name: PHILLIPS, DAVID P
Address: 650 RIDGE ROAD
City-St-Zip: PITTSBURGH, PA 15205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CERSOSIMO, RUSSELL L
Address: 174 THORN HILL ROAD
City-St-Zip: WARRENDALE, PA 15086

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

Title: P (X) Change () Addition
Name: COLOSIMO, JOSEPH M
Address: 174 THORN HILL RD
City-St-Zip: WARRENDALE, PA 15086

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

Title: C (X) Change () Addition
Name: SEDWICK, JAY L
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DRU A. SEDWICK

S

03/30/2007

Electronic Signature of Signing Officer or Director

Date