2006 FOR PROFIT COMPORATION ANNUAL REPORT

Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT #G14012 02-06-2006 90079 012 ***150.00 1. Entity Name CREDIT GUARD INTERNATIONAL, INC. Principal Place of Business Mailing Address ONE PROGRESS PLAZA ONE PROGRESS PLAZA **SUITE 1230 SUITE 1230** ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Cha-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-2253861 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUCERA, DEAN E ONE PROGRESS PLAZA **SUITE 1232** ST. PETERSBURG, FL 33701 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both e State of Florida. I am familiar with, and accept the obligations of registered agent. Kucera 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PST ☐ Addition TITLE ☐ Delete TITLE ☐ Change KUCERA, DEAN E NAME NAME ONE PROGRESS PLAZA STE 800 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33701 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

727.821.4440 <u> 2006</u> **SIGNATURE**