2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jan 30, 2006 08:00 AM Secretary of State DOCUMENT # L02000005135 CREDIT GUARD, LLC Principal Place of Business Mailing Address ONE PROGRESS PLAZA ONE PROGRESS PLAZA SUITE 1230 SUITE 1230 ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 CR2E083 (11/05) 01172006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0053520 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUCERA, DEAN E DO NOT WRITE ONE PROGRESS PLAZA #1230 ST. PETERSBURG, FL 33701 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGRP KUCERA, DEAN E NAME ONE PROGRESS PLAZA SUITE 1230 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33701 _____U00000006668 NZ/07/05-80111-002_50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

FILED

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 5