



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90051 004 \*\*\*\*50.00

<b>DOCUMENT # L05000018517</b> 1. Entity Name <b>MYINFOGUARD LLC</b>			
Principal Place of Business <b>14001 63RD WAY N.</b> <b>CLEARWATER, FL 33760 US</b>		Mailing Address <b>14001 63RD WAY N.</b> <b>CLEARWATER, FL 33760 US</b>	
2. Principal Place of Business <b>11515 66th ST. N</b> Suite, Apt. #, etc.		3. Mailing Address <b>11515 66th ST. N</b> Suite, Apt. #, etc.	
City & State <b>Largo FL</b> Zip <b>33773</b> Country		City & State <b>Largo, FL</b> Zip <b>33773</b> Country	
4. FEI Number <b>54-2167176</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCGINTY, A. EDWARD</b> <b>BANK OF AMERICA PLAZA</b> <b>101 E. KENNEDY BLVD SUITE 2800</b> <b>TAMPA, FL 00602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, BETTY	NAME	STEWART, Betty
STREET ADDRESS	14001 63RD WAY N.	STREET ADDRESS	11515 66th ST. N.
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP	Largo, FL 33773
TITLE	MGR <input type="checkbox"/> Delete	TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POITRAS, ROBERT	NAME	POITRAS, Robert
STREET ADDRESS	14001 63RD WAY N.	STREET ADDRESS	11515 66th ST. N.
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP	Largo, FL 33773
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 oath; 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.			
<b>SIGNATURE:</b>  <b>Robert Poitras</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>1/17/06 727-533-8730</b> <small>Date Daytime Phone #</small>	