

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M77871

Entity Name: THOR GUARD, INC.

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

1193 SAWGRASS CORP
SUNRISE, FL 33323 US

New Principal Place of Business:

1193 SAWGRASS CORP. PWY.
SUNRISE, FL 33323 US

Current Mailing Address:

PO BOX 451987
SUNRISE, FL 333451987 US

New Mailing Address:

FEI Number: 65-0057716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, PETER L. SR.
1193 SAWGRASS CORP. PKWY
SUNRISE, FL 33323 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: TOWNSEND, PETER L SR.
Address: 1193 SAWGRASS CORP. PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VDAS () Delete
Name: MILLER, R A
Address: 1193 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: PD () Delete
Name: DUGAN, ROBERT
Address: 1193 SAWGRASS CORP. PKWAY
City-St-Zip: SUNRISE, FL 33323

Title: SD () Delete
Name: PERSING, DAVID
Address: 21 MAIN ST. 2ND FLOOR
City-St-Zip: HACKENSACK, NJ 07601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: RA MILLER

VP

04/05/2007

Electronic Signature of Signing Officer or Director

Date