2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# M77871

Entity Name: THOR GUARD, INC.

Current Principal Place of Business:

1193 SAWGRASS CORP. PWY.
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 451987
SUNRISE, FL 333451987 US

New Mailing Address:

1193 SAWGRASS CORP. PWY.
SUNRISE, FL 33323 US

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:	CEOD	( ) 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 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 04/10/2008

Electronic Signature of Signing Officer or Director — Date