2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# N02000005665

Entity Name: LSF GUARDIANSHIP SERVICES, INCORPORATED

Current Principal Place of Business:

3627A WEST WATERS AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3627A WEST WATERS AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-2198911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: LEDECKY, PETER
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: SELLEW, ROGER
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: TOCKLIN, ADRIAN
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: WELLS, JAMES A
Address: 3627A WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. WELLS D 01/26/2006

Electronic Signature of Signing Officer or Director — Date