2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004717

FILED Jan 16, 2009 Secretary of State

Entity Name: GREYTHOUND GUARDIANS INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

2092 MAGNUS LN JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

2092 MAGNUS LN JACKSONVILLE, FL 32246

FEI Number: 51-0541826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EIFERT, NANCY 2092 MAGNUS LANE JACKSONVILLE, FL 32246 US

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:

- Flateria Circulus d'Arad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DC () Delete
 Title:
 DS (X) Change () Addition

 Name:
 BALDWIN, WAYNE
 Name:
 BALDWIN, WAYNE

 Address:
 3553 MARENGO DR
 Address:
 3553 MARENGO DR

 City-St-Zip:
 JACKSONVILLE, FL 322277
 City-St-Zip:
 JACKSONVILLE, FL 322277

Title: DVC () Delete Title: () Change () Addition

 Name:
 KELLOWAY, S.DAYLE
 Name:

 Address:
 3553 MARENGO DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32277
 City-St-Zip:

Title: DVC () Delete Title: DT (X) Change () Addition Name: GARNAND, DIONE Name: GARNAND, DIONE

Address: 66 EVANS DRIVE Address: 66 EVANS DRIVE

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

 Name:
 EIFERT, NANCY
 Name:
 EIFERT, NANCY

 Address:
 2092 MAGNUS LANE
 Address:
 2092 MAGNUS LANE

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32246

 Name:
 PRESTON, JOANN
 Name:
 WARYCK, FRANK JR

 Address:
 153 ARUBA LN
 Address:
 12524 CHARLES COVE

 City-St-Zip:
 PONTE VEDRA, FL 32082
 City-St-Zip:
 JACKSONVILLE, FL 32246

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

SIGNATURE: NANCY J. EIFERT DC 01/16/2009