2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080507

FILED Apr 24, 2006 Secretary of State

Entity Name: GUARDIAN AND ADMINISTRATIVE SERVICES, INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|--|---|---|--|
| | RWOOD TER 8, FL 33912 | RACE | | | |
| Current Mailing Address: | | | New Mailing Addres | ss: | |
| | RWOOD TER 8, FL 33912 | RACE | | | |
| FEI Number: | 65-1044096 | FEI Number Applied For () | l Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: | |
| | ELAINE RWOOD TER 8, FL 33912 | RACE US | | | |
| | named entity s of Florida. | submits this statement for the purpo | se of changing its registere | ed office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electron | ic Signature of Registered Agent | | Date | |
| Election Can | npaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () SCHMIDT, ELA 6451 BRIARWO FT MYERS, FL | OOD TERRACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | SCHMIDT, JOS 6451 BRIARWO | OOD TERRACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| City-St-Zip: | FT MYERS, FL | | 5.1. 5 5.1 2. 1.p. | | |
| | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| City-St-Zip: Title: Name: Address: | S () LOWE, MARY 462 DAWN DRI FT MYERS, FL | VE 33903 Delete DEBBIE AVE | Title: Name: Address: | () Change () Addition () Change () Addition | |

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: ELAINE SCHMIDT P 04/24/2006