


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90271 002 ***185.00

DOCUMENT # P00000095706		
1. Entity Name CEILINGGUARD, INC.		

Principal Place of Business 2355-D SOUTH RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119-3079	Mailing Address PO BOX 290307 PORT ORANGE, FL 32129-0307
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2. Principal Place of Business 73 WENTWORTH LANE	3. Mailing Address 73 WENTWORTH LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03012005 Chg-P CR2E034 (10/03)

City & State PALM COAST FL	City & State PALM COAST FL
Zip 32164	Zip 32164
Country USA	Country USA

4. FEI Number 59-3687096	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8:75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEROUX, R.M.
507-D HERBERY ST.
PORT ORANGE, FL 32129-3845

7. Name and Address of New Registered Agent

Name LARRY DILL
Street Address (P.O. Box Number is Not Acceptable)
73 WENTWORTH LANE

City PALM COAST FL Zip Code 32164

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *LARRY DILL* *Larry Dill* DATE 4-8-05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILL, PEGGY C 502 D HERBERY ST. PORT ORANGE, FL 321293845 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEROUX, R M 502 D HERBERY ST. PORT ORANGE, FL 321293845 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT LARRY DILL 73 WENTWORTH LANE PALM COAST FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *PEGGY DILL* *Peggy Dill* DATE 4-8-05 386-447-9360
(Signature and typed or printed name of signing officer or director)