FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 17, 2003 8:00 am Secretary of State P02000005325 DOCUMENT # 04-17-2003 90192 007 ***158.75 1. Entity Name GUARDIAN AMERICA, INC. Principal Place of Business Mailing Address 315 S.E. MIZNER BLVD., #213-A 315 S.E. MIZNER BLVD., #213-A **BOCA RATON FL 33322** BOCA RATON FL 33322 2. Principal Place of Business 3. Mailing Address 411 E HILLSBORD Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Suite City & State City & State 4. FEI Number Applied For SETTATE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDREW KELLY, TERRESSA Street Address (P.O. Box Number is Not Acceptable) 2051 N.E. 105TH STREET #3 6061 BALBOA DEERFIELD BEACH FL 33441 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. COO/PRESIDENT CR2E034 (10/02) TITLE X Delete TITLE 🔼 Change Addition KELLY, TERRESSA ANDLEW V CHRISTIE NAME NAME 2051 N.E. 105TH STREET 6061 BALBOA CIE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change . 🔲 Addition TITLE Delete .____ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 teport 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 add

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING