2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 A Secretary of State

ANNUAL KEPUKI						
DOCUMENT # P020 1. Entity Name GUARDS ARE US, INC.						
Principal Place of Business	Mailing Address	,				
3313 OLEANDER AVE	3313 OLEANDER AVE					
22	22					
FORT PIERCE, FL 34982	FORT PIÉRCE, FL 34982					
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DO NOT WRITE IN THIS SPACE		4. FEI Num 01-06		Applied For Not Applicable		
				e of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			1001100	
3313 OLEA STE 22	RENT R MR. ANDER AVE RCE, FL. 34982			NOT WR		
	1102,13 01002		·			
	named entity submits this statement for tions of registered agent.	he purpose of changing its registere	ed office or registered agent, or b	oth, in the State of Florid	a. I am familiar with, and accept	
SIGNATURE						
	Signature typed or printed name of registered agent an	d title if applicable (NOTE Registere	d Agent signature required when reinstating)	1	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Selection Campaign Finant Trust Fund Contribution.	\$5.00 May Be Added to Fees	Honor	Think white per colors as	
10.	OFFICERS AND D	IRECTORS		04/07/0:	90865074 8-80014-006 150.00	
IITLE IAME	P HEADY, BRENT					
TREET ADDRESS	3313 OLEANDER AVE. , SUITE 22	2	,			
21TY-S1-ZIP	FORT PIERCE, FL 34982	····		,		
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IAME Street address				÷.		
CITY-ST-ZIP						
TITLE	-					
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STREET ADDRESS				•		
CITY-ST-ZIP						
IIILE						
NAME			ľ			
STREET ADDRESS CITY-ST-ZIP			,			
	certify that the information supplied with t	his filing does not qualify for the av-	amplions contained in Chapter 1	19 Florida Statutos I fu	ther certify that the information	

12. I nereby certify that the information supplied with this liting does not qualify for the exemptions contained 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 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 true deep powered 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 employment.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 7722163171