2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2005 08:00 AM Secretary of State **DOCUMENT # P03000027745** 1. Entity Name LA GUARD, INC. Principal Place of Business Mailing Address 7727 TOUCAN DRIVE 7727 TOUCAN DRIVE ORLANDO, FL 32822 ORLANDO, FL 32822 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1153887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent TRYON, LUISA DO NOT WRITE 7727 TOUCAN DRIVE ORLANDO, FL 32822 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE TRYON, LUISA NAME STREET ADDRESS 7727 TOUCAN DRIVE ORLANDO, FL 32822 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIELE NAME SYRFET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

221-235-649