
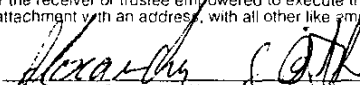


2006 FOR PROFIT YEAR-END REINSTATEMENT

DOCUMENT # P04000019530 1. Entity Name GUARANTEE WORK INC.						SE DIVISION 06 OCT 13 AM 11:09 REINSTATEMENT 06	
Principal Place of Business 3019 MESA VERDE DRIVE ORLANDO, FL 32837				Mailing Address 3019 MESA VERDE DRIVE ORLANDO, FL 32837			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BRITTO, ALEXANDRE G 3019 MESA VERDE DRIVE ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City			
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				4. FEI Number 65-1215245			
Signature <small>Signature, typed or printed name of registered agent and fee if applicable</small>				Applied For <input type="checkbox"/> Not Applicable			
Signature				DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP			
D.P BRITTO, ALEXANDRE G 3019 MESA VERDE DRIVE ORLANDO, FL 32837				500080829485 10/13/06--01048--002 **150.00			
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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12. I hereby certify that the information supplied with this filing 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 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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date							
Daytime Phone #							