

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059833

Entity Name: GUERILLA TECHNOLOGIES, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

5029 SE HORSESHOE PT ROAD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5029 SE HORSESHOE PT ROAD
STUART, FL 34997

New Mailing Address:

FEI Number: 48-1275482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARROTT, ROBERT A
5029 SE HORSESHOE PT ROAD
STUART, FL 34997 US

Name and Address of New Registered Agent:

PARROTT, ROBERT A IV
5029 SE HORSESHOE PT ROAD
STUART, FL 34997 US

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.

SIGNATURE: ROBERT A. PARROTT IV

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PARROTT, CAMILLE M
Address: 5029 SE HORSESHOE PT ROAD
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: PARROTT, ROBERT A
Address: 5029 SE HORSESHOE PT ROAD
City-St-Zip: STUART, FL 34997

Title: V () Delete
Name: GREINER, RICHARD
Address: 1841 SW MICHAELANGELO AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PARROTT, ROBERT A IV
Address: 5029 SE HORSESHOE PT ROAD
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. PARROTT IV

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date