## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000006611

Entity Name: GUARDIAN ANGELS SECURITY SERVICES INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:		
4058 FOSS ROAD LAKE WORTH, FL 33461 US			SUITE F			
				LAKE WORTH, FL 33461 US		
Current Mailing Address:			New Mailing A	New Mailing Address:		
4058 FOSS ROAD LAKE WORTH, FL 33461 US			SUITE F	3281 LAKE WORTH ROAD SUITE F LAKE WORTH, FL 33461 US		
FEI Number: 20-2132834 FEI Number Applied For ( )		FEI Number Not Applicabl	•	ertificate of Status Desired (X)		
Name and	d Address of C	urrent Registered Agent:	Name and Ade	Name and Address of New Registered Agent:		
4058 FOS	SS, DAVID E JR S ROAD RTH, FL FL	US				
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its re	egistered offic	ee or registered agent, or both,	
SIGNATUI	RE:					
	Electron	c Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICER	S AND DIRECT	ORS:	ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () CUMMINGS, DA 4058 FOSS RO LAKE WORTH,	AD.	Title: Name: Address: City-St-Zip:	( ) Ch	nange()Addition	
Title: Name: Address: City-St-Zip:	VP () BEALE, WILLIA 9090 FOUNTAIN LAKE WORTH,	I ROAD	Title: Name: Address: City-St-Zip:	( ) Ch	nange()Addition	
Title: Name: Address: City-St-Zip:	D () CUMMINGS, SU 4058 FOSS RO LAKE WORTH,	AD	Title: Name: Address: City-St-Zip:	( ) Ch	nange()Addition	
Title: Name: Address:	D () BEALE, NANCY 9090 FOUNTAIN		Title: Name: Address:	( ) Ch	nange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: DAVID E. CUMMINGS JR. PRES 04/30/2008

LAKE WORTH, FL 33467

City-St-Zip: