2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029797

DELGARDO, JOHN

6245 POWERLINE ROAD SUITE 202

FT. LAUDERDAEL, FL 33309

Name:

Address:

City-St-Zip:

Entity Name: ALL GUARD ALUMINUM, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6245 POWERLINE ROAD SUITE 202 FT. LAUDERDALE, FL 33309 **New Mailing Address: Current Mailing Address:** 6245 POWERLINE ROAD SUITE 202 FT. LAUDERDALE, FL 33309 FEI Number: 51-0452430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DI SORBO, ANNA A 6245 POWERLINE ROAD SUITE 202 FT. LAUDERDALE, FL 33309 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DI SORBO, ALDO Name: Name: 6245 POWERLINE ROAD SUITE 202 Address: Address: City-St-Zip: FT. LAUDERDAEL, FL 33309 City-St-Zip: (X) Delete Title: **DPAS** Title: () Change () Addition Name: GRUSHOFF, SCOTT Name: 6245 POWERLINE ROAD SUITE 202 Address: Address: FT. LAUDERDAEL, FL 33309 City-St-Zip: City-St-Zip: Title: Title: DS (X) Delete () Change () Addition DEAUNOVICH, ERIC Name: Name: 6245 POWERLINE ROAD SUITE 202 Address: Address: FT. LAUDERDAEL, FL 33309 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALDO DI SORBO VPT 04/07/2009