

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090499

Entity Name: CARRIERGUARD, INC.

FILED
May 16, 2006
Secretary of State

Current Principal Place of Business:

822 A1A NORTH
205
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

822 A1A NORTH
205
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 14-1935446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAUGHON, RICHARD S
822 A1A NORTH
205
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

5950 LIVE OAK PARKWAY
SUITE 105
NORCROSS, GA 30093 US

New Mailing Address:

5950 LIVE OAK PARKWAY
SUITE 105
NORCROSS, GA 30093 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: DALE W. MORRIS

05/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRAUGHON, RICHARD S
Address: 822 A1A NORTH, # 205
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S (X) Delete
Name: DRAUGHON, RICHARD S
Address: 822 A1A NORTH, # 205
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: T (X) Delete
Name: DRAUGHON, RICHARD S
Address: 822 A1A NORTH, # 205
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAWSON, MICHAEL W
Address: 5950 LIVE OAK PARKWAY SUITE 105
City-St-Zip: NORCROSS, GA 30093 US

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

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: MICHAEL W. DAWSON

P

05/16/2006

Electronic Signature of Signing Officer or Director

Date