
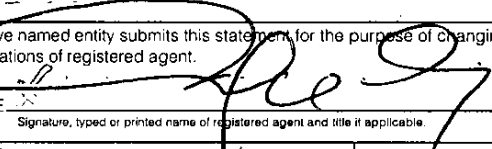
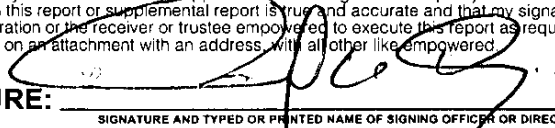


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90025 002 \*\*\*150.00

<b>DOCUMENT # P06000000868</b> 1. Entity Name <b>GUARDIAN MEDTECH, INC</b>																																																																																																																																			
Principal Place of Business <b>141 NE 3RD AVE STE 406 MIAMI, FL 33132</b>			Mailing Address <b>141 NE 3RD AVE STE 406 MIAMI, FL 33132</b>																																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number <b>20-4044746</b>																																																																																																																															
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>LIMA, IVANILDO 141 NE 3RD AVE STE 406 MIAMI, FL 33132</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																																																																																															
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. SIGNATURE:  DATE: <b>04-15-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008: Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">           DP  <b>LIMA, IVANILDO</b> </td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>LIMA, IVANILDO</b></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>141 NE 3RD AVE STE 406</b></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"><b>MIAMI, FL 33132</b></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">DV</td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>LIMA, ROSANA</b></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>141 NE 3RD AVE STE 406</b></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"><b>MIAMI, FL 33132</b></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DP <b>LIMA, IVANILDO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>LIMA, IVANILDO</b>		NAME			STREET ADDRESS	<b>141 NE 3RD AVE STE 406</b>		STREET ADDRESS			CITY - ST - ZIP	<b>MIAMI, FL 33132</b>		CITY - ST - ZIP			TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>LIMA, ROSANA</b>		NAME			STREET ADDRESS	<b>141 NE 3RD AVE STE 406</b>		STREET ADDRESS			CITY - ST - ZIP	<b>MIAMI, FL 33132</b>		CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																
TITLE	DP <b>LIMA, IVANILDO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	<b>LIMA, IVANILDO</b>		NAME																																																																																																																																
STREET ADDRESS	<b>141 NE 3RD AVE STE 406</b>		STREET ADDRESS																																																																																																																																
CITY - ST - ZIP	<b>MIAMI, FL 33132</b>		CITY - ST - ZIP																																																																																																																																
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	<b>LIMA, ROSANA</b>		NAME																																																																																																																																
STREET ADDRESS	<b>141 NE 3RD AVE STE 406</b>		STREET ADDRESS																																																																																																																																
CITY - ST - ZIP	<b>MIAMI, FL 33132</b>		CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
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:  DATE: <b>04-15-2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			