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FILED
Mar 29, 2007 8:00 am
Secretary of State
03-14-2007 90039 016 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000005046

1. Entity Name
THE GUIDE, INC.

66007100

Principal Place of Business	Mailing Address
611 DRUID ROAD SUITE 105 CLEARWATER, FL 33756	P.O. BOX 14636 CLEARWATER, FL 33766

03012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16213 CARNOUSTIE DR.	
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: ODESSA, FL	City & State
Zip: 33556 Country: USA	Zip Country

4. FEI Number 20-4105910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITCHER, BRUCE 611 DRUID ROAD SUITE 105 CLEARWATER, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PITCHER, BRUCE 611 DRUID ROAD SUITE 105 CLEARWATER, FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRUCE PITCHER 16213 CARNOUSTIE DR. ODESSA, FL 33556	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] BRUCE PITCHER 3/11/07 727 448 0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

From the Desk of 660007100

Bruce Pitcher

MEMORANDUM

TO: Division of Corporations
DATE: 3/27/07
RE: The Guide, Inc.
#P06000005046

Good afternoon!

Today I received your 3/16/07 notice, a copy of which is attached, indicating Block 4 of my annual report was not filled out. Accordingly, enclosed please find a resubmission with The Guide's federal identification number contained in Block 4.

Thank you very much and if you have any questions, I can be reached at 727-244-4591.