

FILED
Jun 14, 2007 8:00 am
Secretary of State

05-03-2007 90052 027 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000030614 1. Entity Name ANGEL GUARD CORP.			
Principal Place of Business 10216 GLACIER CT ORLANDO, FL 32821		Mailing Address 10216 GLACIER CT ORLANDO, FL 32821	
2. Principal Place of Business - No P.O. Box # 955 Taft Vineland Rd Suite, Apt. #, etc. Unit C		3. Mailing Address P.O. Box 772427 Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32877		Zip 32877	
Country Orange		Country Orange	
6. Name and Address of Current Registered Agent RODRIGUEZ, ORLANDO J 10216 GLACIER CT. ORLANDO, FL 32821		7. Name and Address of New Registered Agent Name Rodriguez Orlando J. Street Address (P.O. Box Number is Not Acceptable) 13567 Lanner Dr. City Orlando FL 32837	
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 _____ (NOTE: Registered Agent signature required when reappointing) 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 P NAME RODRIGUEZ, ORLANDO J STREET ADDRESS 10216 GLACIER CT. CITY-ST-ZIP ORLANDO, FL 32821	☒ Delete	TITLE P NAME Rodriguez, Orlando J. STREET ADDRESS 13567 Lanner Dr CITY-ST-ZIP Orlando, FL 32837	☒ Change ☐ Addition
TITLE VP NAME RODRIGUEZ, CATHERINE STREET ADDRESS 10216 GLACIER CT. CITY-ST-ZIP ORLANDO, FL 32821	☒ Delete	TITLE VP NAME Rodriguez, Catherine STREET ADDRESS 13567 Lanner Dr CITY-ST-ZIP Orlando, FL 32837	☒ 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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/07 (407) 851-7779 Date Daytime Phone	

66019106



04242007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4935950** Applied For ☐ Not Applicable ☐

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