

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90010 032 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                           |                                                                                                                                                                     |                                                                                                                   |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P06000080922</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                           |                                                                                                                                                                     |                                                                                                                   |                                                                   |
| <b>1. Entity Name</b><br>NORTH AMERICA'S CREDIT GUARDIAN, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                           |                                                                                                                                                                     |                                                                                                                   |                                                                   |
| <b>Principal Place of Business</b><br>859 TANBARK DR., UNIT 102<br>NAPLES FL 34108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                           | <b>Mailing Address</b><br>859 TANBARK DR., UNIT 102<br>NAPLES FL 34108                                                                                              |                                                                                                                   |                                                                   |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | <b>3. Mailing Address</b> |                                                                                                                                                                     |                                                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | Suite, Apt. #, etc.       |                                                                                                                                                                     |                                                                                                                   |                                                                   |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | <b>City &amp; State</b>   |                                                                                                                                                                     | <b>4. FEL Number</b><br>20-4998633                                                                                |                                                                   |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | <b>Country</b>            |                                                                                                                                                                     | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b><br>-CRONNELLY, BRUCE<br>859 TANBARK DR., UNIT 102<br>NAPLES FL 34108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                           | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                                   |                                                                   |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                           |                                                                                                                                                                     |                                                                                                                   |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                           |                                                                                                                                                                     |                                                                                                                   |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution.                                       |                                                                                                                   |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                        |                                                                                                                   |                                                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 owner & President<br>Bruce Cronnelly<br>859 Tanbark Dr Apt 102<br>Naples FL 34108 |                           | <input type="checkbox"/> Delete                                                                                                                                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bruce Cronnelly<br>859 Tanbark Dr Apt 102<br>Naples FL 34108                        |                           | <input type="checkbox"/> Delete                                                                                                                                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                           | <input type="checkbox"/> Delete                                                                                                                                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                           | <input type="checkbox"/> Delete                                                                                                                                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                           | <input type="checkbox"/> Delete                                                                                                                                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                           | <input type="checkbox"/> Delete                                                                                                                                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b> |                                                                                     |                           |                                                                                                                                                                     |                                                                                                                   |                                                                   |
| <b>SIGNATURE: BRUCE CRONNELLY</b><br>_____<br>Bruce Cronnelly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                           | 3/25/07 <b>239-6411318</b><br>_____<br>Date Daytime Phone #                                                                                                         |                                                                                                                   |                                                                   |