

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032531

FILED  
Jan 13, 2010  
Secretary of State

Entity Name: GUIDED MANAGEMENT, INC.

**Current Principal Place of Business:**

5341 PALMETTO ROAD  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

10848 OYSTER BAY CIRCLE  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 20-8624285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAURA-WOOD, MICHELLE  
10848 OYSTER BAY CIRCLE  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAURA-WOOD, MICHELLE  
Address: 10848 OYSTER BAY CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP  
Name: WOOD, ALBERT  
Address: 10848 OYSTER BAY CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T  
Name: LAURA-WOOD, MICHELLE  
Address: 10848 OYSTER BAY CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D  
Name: LAURA-WOOD, MICHELLE  
Address: 10848 OYSTER BAY CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby 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 all other like empowered.

SIGNATURE: ALBERT WOOD

VP

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date