2008 FOR PROFIT CORPORATION FILED ANNUAL REPORT Jan 23, 2008 08:00 AN DOCUMENT # P93000011261 **Secretary of State** 1. Entity Name **ACUGUARD CORPORATION** Principal Place of Business Mailing Address 132 GREENBRIAR DR. 132 GREENBRIAR DR. LAKE PARK, FL 33403 LAKE PARK, FL 33403 US No Chg-P CR2E034 (11/05) 01142008 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0295817 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TEUSCHER, ADRIAN H DO NOT WRITE 132 GREENBRIAR DR. LAKE PARK, FL 33403 IN THIS SPACE 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)

FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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OFFICERS AND DIRECTORS 10. D TITLE TEUSCHER, ADRIAN NAME STREET ADDRESS 132 GREENBRIAR DR. CITY-ST-ZIP LAKE PARK, FL 33403 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000792289 01/24/08-80001-021 158.75

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP