2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # P97000031948 GUARDIAN INSPECTION SERVICES, INC.** Principal Place of Business Mailing Address 113 TROPIC PLACE 113 TROPIC PLACE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 03232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3444285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUNOTTE, LEONARD DO NOT WRITE 113 TROPIC PLACE ROCKLEDGE, FL 32955 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000711178 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/25/07-80072-023 150.00 OFFICERS AND DIRECTORS 10. **PVTS** TITLE BRUNOTTE, LEONARD NAME 113 TROPIC PLACE STREET ADDRESS ROCKLEDGE, FL 32955 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attachpreny with an address, with all other like empowered.

SIGNATURE PROVIDED OF PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR

CITY-ST-ZIP

4/12/07

Daytane Phone #

FILED