2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V67959

1. Entity Name

EXPERT GUARDIAN SERVICES, INC.



FILED
Jan 17, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2186 NE 56 CT

FT LAUDERDALE, FL 33308-2500 US

P.O. BOX 11732 -FT LAUDERDALE, FL 33339-1732



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0367507

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINZ, WERNER 2192 NE 56TH CT #2 FORT LAUDERDALE, FL 33308

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	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and tille	epplicable. (NOTE: Registered A	igant signature	required when reinstating)	DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				***************************************		
TITLE	D					
NAME	FUNK, MARLENE E.					
STREET ADDRESS	2186 NE 56 CT					
CITY-ST-ZIP	T LAUDERDALE, FL U00000587808			U00000587803		
TITLE					01/17/07-80047-018 158.75	
NAME		ŀ				
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS				DO	NOT WOITE	
CITY-ST-7iP				טט	NOT WRITE	

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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 2n address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF RICHING OFFICER OR DIRECTOR

01-09-07 (954) 49/ -0000