

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001943

Entity Name: PROGUARD WARRANTY INC.**Current Principal Place of Business:**407 MCALPINE ST
AVOCA, PA 18641**Current Mailing Address:**407 MCALPINE ST
AVOCA, PA 18641**FEI Number:** 45-3592010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PVC
Name	LIMONGELLI, DOMINIC
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

Title	VD
Name	LIMONGELLI, DANIEL A
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

Title	SD
Name	LIMONGELLI, DEAN
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

Title	TD
Name	LIMONGELLI, DANIEL
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

Title	C
Name	LIMONGELLI, JOSEPH
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

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: JOSEPH LIMONGELLI

CEO

03/06/2015

Electronic Signature of Signing Officer/Director Detail_____
Date