2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003619

Entity Name: FAB-GUARD, INC

City-St-Zip: MELBOURNE, FL

FILED Feb 15, 2007 Secretary of State

Entity Nan	ne: FAB-GUA	ARD, INC.			
Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
7300 DOLIN MELBOUR	NA CT. NE, FL 32940)			
Current Ma	ailing Addres	s:	New Mailing Address	New Mailing Address:	
6300 N. WICKHAM RD, STE 130 #226 MELBOURNE, FL 32940			SUITE L30-226	6300 N. WICKHAM RD, SUITE L30-226 MELBOURNE, FL 32940	
FEI Number:	58-1818438	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	ARBARA H K SPRINGS D NE, FL 32940				
The above in the State		submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () JONES, BARBA 1281 ROCK SE MELBOURNE,	RINGS DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	VST () JONES, JAMES 1281 ROCK SE		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA H. JONES PRES 02/15/2007