2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137603

Entity Name: SAFE-GUARD WARRANTY CORPORATION

3500 PIEDMONT RD NE, SUITE 400

ATLANTA, GA 30305

Address: City-St-Zip: FILED Feb 22, 2008 Secretary of State

Littly Nai	IIIe. SAFE-GOAR	VARRANTI CORFOR	ATION			
Current Principal Place of Business:				New Principal Place of Business:		
209 N BIRCH, STE 1501 FT. LAUDERDALE, FL 333044376				3500 PIEDMONT ROAD, N.E. SUITE 400 ATLANTA, GA 30305		
Current Mailing Address:				New Mailing Address:		
3500 PIEDMONT RD NE, SUITE 400 ATLANTA, GD 30305			3500 PIEDMONT ROAD, N.E. SUITE 400 ATLANTA, GA 30305			
FEI Number:	: 20-0588038 F	El Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of				CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US of changing its registered office or registered agent, or both,		
	e of Florida.	A COLOTANT OF ODETAI	7 .V		00/00/0000	
SIGNATU		D, ASSISTANT SECRETAR Bignature of Registered Ag			02/22/2008 Date	
Election Car		ust Fund Contribution ().	One		Bute	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () De DUNCAN, DOUGLA 209 N BIRCH, SUIT FT. LAUDERDALE,	S A 'E 1501		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () De VOLINO, GARY D 3500 PIEDMONT R ATLANTA, GA 3030	D NE, SUITE 400		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	GC () De			Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DOUGLAS A. DUNCAN P 02/22/2008