

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90101 012 ****70.00

DOCUMENT # 748181
1. Entity Name
SAFESPACE, INC.



Principal Place of Business Mailing Address
~~803 NORTH 7TH STREET
FT. PIERCE FL 34950
US~~ P.O. BOX 4075
FT PIERCE FL 34948-4075
US



2. Principal Place of Business - No P.O. Box #
53 AQUA RA DR
Suite, Apt. #, etc.
5

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State
Jensen Beach

4. FEI Number
59-1983994
Applied For
 Not Applicable

Zip
34957 Country
MARTIN

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HYLAN BRYAN Hylan Bryan
803 NORTH 7TH STREET
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent
Name **HYLAN BRYAN**
Street Address (P.O. Box Number is Not Applicable)
53 AQUA RA DR
City **Jensen Beach FL** Zip Code **34957**

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 **Hylan Bryan** DATE **4/23/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STORMS, STACI 1749 SE MARIANA RD PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WETZEL, SHERI 909 WEST MIDWAY ROAD FORT PIERCE FL 34982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ADM BRYAN, HYLAN 803 N. 7TH STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GATOR, CINDY Robbi Giaccone <input checked="" type="checkbox"/> Delete 109 S. ESSEX DRIVE PORT SAINT LUCIE FL 34984
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 53 AQUA RA DR JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T ROBBI GIACCONE 5415 CASSIA DRIVE Ft. Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Hylan Bryan** DATE **4/23/07** (772) DAYTIME PHONE # **595-0042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR