


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90007 009 \*\*\*158.75

|   |                               |  |  |   |                                   |
|---|-------------------------------|--|--|---|-----------------------------------|
| <b>DOCUMENT # F96000005037</b>  |                               |  |  |  |                                   |
| 1. Entity Name<br>SAFEGATE AIRPORT SYSTEMS, INC.  |                               |  |  |   |                                   |
| Principal Place of Business<br>7101 NORTHLAND CIRCLE<br>SUITE 203<br>BROOKLYN PARK, MN 55428  |                               |  | Mailing Address<br>7101 NORTHLAND CIRCLE<br>SUITE 203<br>BROOKLYN PARK, MN 55428 |   |                                   |
| 2. Principal Place of Business  |                               |  | 3. Mailing Address   |   |                                   |
| Suite, Apt. #, etc.   |                               |  | Suite, Apt. #, etc.  |   |                                   |
| City & State  |                               |  | City & State   |   |                                   |
| Zip   |                               | Country  | Zip  |   | Country                           |
| 6. Name and Address of Current Registered Agent   |                               |  | 7. Name and Address of New Registered Agent                                      |   |                                   |
| LEEDS, MICHAEL H<br>BLANK ROME LLP<br>1200 N FEDERAL HWY, SUITE 417<br>BOCA RATON, FL 33432   |                               |  | Name   |   |                                   |
|   |                               |  | Street Address (P.O. Box Number is Not Acceptable)                               |   |                                   |
|   |                               |  | City   |   |                                   |
|   |                               |  | FL   | Zip Code  |                                   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                               |  |  |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |                                   |
| 10. OFFICERS AND DIRECTORS  |                               |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |   |                                   |
| TITLE   | C                             | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | DAHL, BENGT                   |  | NAME   |   |                                   |
| STREET ADDRESS  | JARNYXEGATAN 13               |  | STREET ADDRESS   | Stenaldersgatan 2A  |                                   |
| CITY-ST-ZIP   | MALMO, SWEDEN,                |  | CITY-ST-ZIP  | Malmö, Sweden   |                                   |
| TITLE   | D                             | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | HAMMARLUND, PER-OLOF          |  | NAME   |   |                                   |
| STREET ADDRESS  | JARNYXEGATAN 13               |  | STREET ADDRESS   | Stenaldersgatan 2A  |                                   |
| CITY-ST-ZIP   | MALMO, SWEDEN,                |  | CITY-ST-ZIP  | Malmö, Sweden   |                                   |
| TITLE   | P                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | DUFFY, THOMAS                 |  | NAME   |   |                                   |
| STREET ADDRESS  | 7101 NORTHLAND CIRCLE         |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | BROOKLYN PARK, MN 55428       |  | CITY-ST-ZIP  |   |                                   |
| TITLE   | DVPS                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | LEEDS, MICHAEL                |  | NAME   |   |                                   |
| STREET ADDRESS  | 1200 N FEDERAL HWY. SUITE 417 |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | BOCA RATON, FL 33432          |  | CITY-ST-ZIP  |   |                                   |
| TITLE   |                               | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                               |  | NAME   |   |                                   |
| STREET ADDRESS  |                               |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                               |  | CITY-ST-ZIP  |   |                                   |
| TITLE   |                               | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                               |  | NAME   |   |                                   |
| STREET ADDRESS  |                               |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                               |  | CITY-ST-ZIP  |   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered. |                               |  |  |   |                                   |
| SIGNATURE: <i>Thomas B Duffy</i>  |                               | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR               |  | Date: 1/12/05   |                                   |
|   |                               |  |  | Daytime Phone #: 763-535-9299   |                                   |

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01122005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0303945 Applied For Not Applicable

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