


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 PM 3: 39

DOCUMENT # N03000001544 1. Entity Name AMERICAN SAFETY, INCORPORATED	
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Principal Place of Business 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309 US	Mailing Address 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309 US
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04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 26-0063288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASSIDY, CATHERINE R 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CASSIDY, CATHERINE R
STREET ADDRESS	9009 MAHAN DRIVE, STE. 501
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

600073403126
05/01/06--01015--024 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Catherine Parks Cassidy* Date: 4/19/06 Daytime Phone #: 850/681-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Parks Cassidy

4/24/06