


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90772 047 \*\*\*\*70.00

<b>DOCUMENT # N03000005785</b>		
1. Entity Name SAFE HAVEN'S PLACE INC.		
Principal Place of Business 2800 N.W. 44TH STREET #109 OAKLAND PARK, FL 33309 US		Mailing Address 2800 N.W. 44TH STREET #109 OAKLAND PARK, FL 33309 US
2. Principal Place of Business <i>5065 Wiles Road</i>		3. Mailing Address <i>5065 Wiles Road</i>
Suite, Apt. #, etc. <i># 103</i>		Suite, Apt. #, etc. <i># 103</i>
City & State <i>Coconut Creek, FL</i>		City & State <i>Coconut Creek, FL</i>
Zip <i>33073</i>	Country <i>Broward</i>	Zip <i>33073</i>
		Country <i>Broward</i>

14018304



04202004 Chg-NP CR2E037 (10/03)

4. FEI Number <i>65-1011857</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAYS, TERI-LYNN 2800 N.W. 44TH STREET #109 OAKLAND PARK, FL 33309		7. Name and Address of New Registered Agent Name <i>Teri-hynn Anderson</i> Street Address (P.O. Box Number is Not Acceptable) <i>5065 Wiles Road # 103</i> City <i>Coconut Creek</i> FL Zip Code <i>33073</i>	
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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 *[Signature]* *Teri-hynn Anderson* DATE *4/26/04*

Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAYS, TERI-LYNN 2800 N.W. 44TH STREET #109 OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Anderson Teri-hynn</i> <i>5065 Wiles Road # 103</i> <i>Coconut Creek, FL 33073</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, JEANNETTE 148 COLLY WAY NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Melanie Halcom</i> <i>Director</i> <i>5065 Wiles Road # 103</i> <i>Coconut Creek, FL 33073</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH ANDERSON, JOVANNI 2800 N.W. 44TH STREET #109 OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, EVERTON 1140 N.W. 45TH AVENUE LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 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: *[Signature]* *Teri-hynn Anderson President* DATE *4/26/04* (950) 822-3720

SIGNATURE IS TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR