


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P02000122759		
1. Entity Name SAFE HOME SECURITY, INCORPORATED		

Principal Place of Business 13965 COLLIER BLVD NAPLES, FL 34119 US	Mailing Address 13965 COLLIER BLVD NAPLES, FL 34119 US
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DO NOT WRITE IN THIS SPACE



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1660210	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOBEL, RAYMOND M JR
13965 COLLIER BLVD
NAPLES, FL 34119**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000759066
05/24/07-80027-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOBEL, RAYMOND M JR 13965 COLLIER BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA WIEDER, EDWARD W 27321 S.W. 184 TH COURT HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BUCKENMYER, JOEL D 1811 CREST STREET HASLETT, MI 48840
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

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #