

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000106155

FILED
May 01, 2012
Secretary of State

Entity Name: SAFE GRIP GUN SAFETY CORP.

Current Principal Place of Business:

752 ANCLOTE RD.
SUITE A
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

752 ANCLOTE RD.
SUITE A
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, CHARLES A
3341 WILTSHIRE DR.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: GOLDMAN, STEPHEN A
Address: 752 ANCLOTE RD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P
Name: FRAZIER, CHARLES A
Address: 3341 WILTSHIRE DR.
City-St-Zip: HOLIDAY, FL 34691

Title: VP
Name: HUNTER, SALLY E
Address: 3341 WILTSHIRE DR.
City-St-Zip: HOLIDAY, FL 34691

Title: SEC
Name: REESE, THOMAS L
Address: 2184 N. INWOOD TERR.
City-St-Zip: CRYSTAL RIVER, FL 34428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES A. FRAZIER

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05/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date