2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004583

Entity Name: S.A.F.E., INC

FILED May 01, 2007 Secretary of State

Entity Na	me: S.A.F.E., INC.			
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	SEL AVENUE D, FL 328094215			
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
	SEL AVENUE D, FL 328094215			
	: 59-3735449 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation d	lid not receive the prior notice.	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent	t: Name and Address o	f New Registered Agent:	
	BRIAN R STREAM WAY BEACH, FL 32174 US			
	named entity submits this statement for the office of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RF [.]			
0.0	Electronic Signature of Registered	Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete SEEBER, BRIAN R 6 SLOW STREAM WAY ORMOND BEACH, FL 32174 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () Delete NEUBAUER, GLENN R 5607 HANSEL AVENUE ORLANDO, FL 32809 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete VITECKA, RICHARD L 620 PALMER STREET ORLANDO, FL 32801	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete PISCHETOLA, CYNDIE 9120 TELFER RUN ORLANDO, FL 32817	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete BROWN, MARGARET	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BRIAN R. SEEBER DP 05/01/2007

4320 YORKTOWNE ROAD

ORLANDO, FL 32812

Address: City-St-Zip: