

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90101 012 \*\*\*\*70.00

**DOCUMENT # 748181**  
1. Entity Name  
**SAFESPACE, INC.**



Principal Place of Business Mailing Address  
~~803 NORTH 7TH STREET  
FT. PIERCE FL 34950  
US~~ P.O. BOX 4075  
FT PIERCE FL 34948-4075  
US



2. Principal Place of Business - No P.O. Box #  
**53 AQUA RA DR**  
Suite, Apt. #, etc.  
**5**

City & State  
**Jensen Beach**

Zip  
**34957** Country  
**MARTIN**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
4. FEI Number  
**59-1983994**  
Applied For  
Not Applicable

1st MOORE CR2E037 (10/06)

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HYLAN BRYAN Hylan Bryan**  
**803 NORTH 7TH STREET**  
**FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent  
Name **HYLAN BRYAN**  
Street Address (P.O. Box Number is Not Applicable)  
**53 AQUA RA DR**  
City **Jensen Beach FL** Zip Code **34957**

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  **Hylan Bryan** DATE **4/23/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STORMS, STACI<br>1749 SE MARIANA RD<br>PORT SAINT LUCIE FL 34952                                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WETZEL, SHERI<br>909 WEST MIDWAY ROAD<br>FORT PIERCE FL 34982                                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ADM<br>BRYAN, HYLAN<br><del>803 N. 7TH STREET</del><br><del>FORT PIERCE FL 34950</del>                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br><del>SATOR, CINDY</del> <b>Robbi Giaccone</b><br>109 S. ESSEX DRIVE<br>PORT SAINT LUCIE FL 34984 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>53 AQUA RA DR</b><br><b>JENSEN BEACH, FL 34957</b>                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>ROBBI GIACONE</b><br><b>5415 CASSIA DRIVE</b><br><b>Ft. Pierce, FL 34982</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:  **Hylan Bryan** DATE **4/23/07** (772) **595-0042**  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #