


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 803 NORTH 7TH STREET FT. PIERCE FL 34950 US			Mailing Address P.O. BOX 4075 FT PIERCE FL 34948-4075 US		
2. Principal Place of Business - No P.O. Box # 53 AQUA RA DR		3. Mailing Address Suite, Apt. #, etc. City & State Jensen Beach			
Suite, Apt. #, etc. 5		Suite, Apt. #, etc. City & State Jensen Beach			
City & State Jensen Beach		City & State Zip 34957		Country MARTIN	
4. FEI Number 59-1983994		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 Acceptable) 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 X Hylan Bryan DATE 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STORMS, STACI 1749 SE MARIANA RD PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WETZEL, SHERI 909 WEST MIDWAY ROAD FORT PIERCE FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ADM BRYAN, HYLAN 803 N. 7TH STREET FORT PIERCE FL 34950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CATOR, CINDY Robbi Giaccone 109 S. ESSEX DRIVE PORT SAINT LUCIE FL 34984	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	T NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			
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: X Hylan Bryan DATE 4/23/07 (772) 595-0042 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					