


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 748181 1. Entity Name SAFESPACE, INC.		
Principal Place of Business - ██████████ <i>Delete</i> US	Mailing Address P.O. BOX 4075 FT PIERCE FL 34948-4075 US	

FILED

08 MAR -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #. etc.		Suite, Apt. #. etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1983994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent HYLAN, BRYAN <i>Delete</i> SafeSpace, Inc PO Box 4075 Ft. Pierce, FL 34948	7. Name and Address of New Registered Agent Jill Borowicz, CEO Street Address (P.O. Box Number is Not Acceptable) SAFESPACE, INC 1849 NE Victorian Lane City Jensen Beach FL Zip Code 34957
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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 Jill Borowicz 2/15/08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORMS, STACI <input checked="" type="checkbox"/> Delete 1749 SE MARIANA RD PORT SAINT LUCIE FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony Westbury <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 701 Beach Ct. FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WETZEL, SHERI <input type="checkbox"/> Delete 909 WEST MIDWAY ROAD FORT PIERCE FL 34982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM BRYAN, HYLAN <input checked="" type="checkbox"/> Delete ██████████	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Jill Borowicz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 4075 Ft. Pierce FL 34948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIACCONE, ROBBI <input type="checkbox"/> Delete 5415 CASSIA DRIVE FORT PIERCE FL 34982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900120780609 03/20/08--01004--019 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Jill Borowicz, CEO 2/15/08 712-595-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR