Folooooo 4818 TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

SUBJECT: CHILd'S SAFETY FIRST INC. (Name of corporation - must include saffix) 0004572814-003			
	(Name of corpor	ration - must include sallix)	<i>194</i> 573814==0
Dear Sir or Madam:			******70.00 *****70.00
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Paul C. Kupfrian (Name of Person)			
(Name of Person)			
Child's	SAFETY FIN	RST. INC	
Child's SAFETY FIRST, INC. (Firm/Company)			
1300 CORPORATE CENTER WAY SUITE 103 (Address) WELLINGTON FLORIDA 33414 (City/State and Zip code)			
(Address)			
WELLINGTON FLORIDA 33414			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Paul C. Kup frian at (561) 333-0911 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	FIL 2001 SEP -6 DIVIDION SEP -6
Division of Corporation 409 E. Gaines St.		Division of Corporations P.O. Box 6327	E CRPO
Tallahassee, FL 32399		Tallahassee, FL 32314	
Enclosed is a check for the following amount:			28 310 A
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. FIRST INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) NEVA dA
(State or country under the law of which it is incorporated)

3. 88-0499925
(FEI number, if applicable) 4. JUNE 22 200/ 5. PER PETUAL (Date of incorporation) 5. Duration: Year corp. will cease to exist or "perpetual") Upon Qual; fication (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 1300 CORPORATE CENTER WAY SUITE 103
(Principal office address) SAME AS ABOVE
(Current mailing address) Any Lawful AcTiviTy

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: PAUL C. KUPFRIAN Office Address: 1300 CORPORATE CENTER WAY #103

(WELL; NGTON , Florida 334/4

(Zip code)

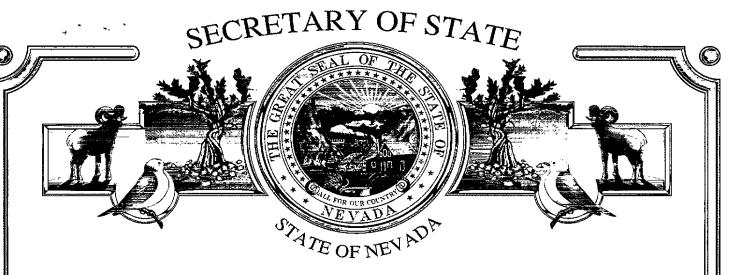
10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Paul C. Kupfrian
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. 'Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: William S. REEd
Address: 4601 W. SALARA AVENUE SUITE L
LAS VEGAS, NEVADA 89102
Vice Chairman:
Address:
Director:
Address:
Address.
Director:
Address:
B. OFFICERS
President: WilLiam S. REEd
Address: 4601 W. SAKARA AVENUE SUITE L
LAS VEGAS, NEVADA 89102
Vice President: PAUL C. KUPFRIAN SS & T
Address: 1901 ShowER TREE WAY 58 1 1
WELLINGTON FL 33414
Secretary: William S. REEd
Address: 4601 W. SAKARA AVENUE SUITE L LAS VEGAS, NEVADA 89102
Address: 4601 W. SAKARA AVENUE SUITEL, LAS VEGAS, NEVADA 89102
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Paul C. Kupfrian
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. PAUL C. KUPFRIAN VICE PRESIDENT (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CHILD'S SAFETY FIRST, INC.** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **June 22, 2001**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on August 29, 2001.

TOTAL COLLEGE OF THE PARTY OF T

Secretary of State

Certification Clerk