2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# F02000001797

Entity Name: SAFEPRO USA INC.

Current Principal Place of Business:

11497 COLUMBIA PARK DRIVE WEST
SUITE 9
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11497 COLUMBIA PARK DRIVE WEST
SUITE 9
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 71-0875400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILMOTH, DONALD B
C/O SAFEPRO USA, INC.
11497 COLUMBIA PARK DR., STE. B
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PC	( ) Delete
Name:	KELLY, PATRICK C	
Address:	11497 COLUMBIA PARK DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	( ) Delete
Name:	HUANG, BOB	
Address:	11497 COLUMBIA PARK DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	( ) Delete
Name:	HUANG, SUN	
Address:	11497 COLUMBIA PARK DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	( ) Delete
Name:	TENG, NELSON	
Address:	11497 COLUMBIA PARK DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	DT	( ) Delete
Name:	SERAMUR, KEVIN	
Address:	11497 COLUMBIA PARK DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	( ) Delete
Name:	WILMONTH, DONALD B	
Address:	11497 COLUMBIA PARK DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32258	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE KELLY CFO 04/05/2005
Electronic Signature of Signing Officer or Director — Date