

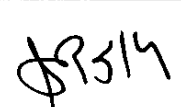


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F05000004049 1. Entity Name SAFETY TODAY, INC.						FILED 07 APR 26 PM 3: 53 TALLAHASSEE, FLORIDA	
Principal Place of Business 2425 SPIEGAL DRIVE, SUITE A GROVEPORT, OH 43125				Mailing Address 2425 SPIEGAL DRIVE, SUITE A GROVEPORT, OH 43125			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 36-4269439				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOUTHERN BAKERIES, INC. 3355 W. MEMORIAL BLVD. LAKELAND, FL 33815				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) SAME Attn?: Ken Reeves City SAME FL Zip Code SAME			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP VOLK, ANTHONY R 1335 RIDGELAND PARKWAY, SUITE 120 ALPHARETTA, GA 30004			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P. Sales/Mark. Mark Micheles 2425 Spiegla Dr. Groveport, OH 43125		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COWIE, FREDERICK H 2425 SPIEGAL DRIVE GROVEPORT, OH 43125			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Of Operations Andrew Mitchel 2425 Spiegla Dr. Groveport, OH 43125		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUTTLINGER, KIMBERLY K 701 HARGER ROAD, SUITE 190 OAK BROOK, IL 60523			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103010803 05/22/07--01021--008 **1400.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATZ, ROBIN I 1335 RIDGELAND PARKWAY, SUITE 120 ALPHARETTA, GA 30004			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Stephen M. Schuster 701 Harger Rd, suite 190 Oak Brook, IL 60523		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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: <i>Kimberly K Duttlinger</i>				Kimberly K. Duttlinger			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/09/07 630-575-2346			