

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000595

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: SAFETY MARKETING GROUP, INC.

## Current Principal Place of Business:

16228 FLIGHT PATH DRIVE  
BROOKSVILLE, FL 32604

## New Principal Place of Business:

## Current Mailing Address:

16228 FLIGHT PATH DRIVE  
BROOKSVILLE, FL 32604

## New Mailing Address:

FEI Number: 31-1229428      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMEATON, MICHAEL W  
16228 FLIGHT PATH DRIVE  
BROOKSVILLE, FL 32604      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: C ( ) Delete  
Name: MCKIBBEN, JOHN  
Address: PO BOX 3244  
City-St-Zip: ERIE, PA 16508

Title: V ( ) Delete  
Name: DOOL, ROBERT  
Address: 2909 S SPRUCE STREET  
City-St-Zip: WICHITA, KS 67216

Title: D ( ) Delete  
Name: COWIE, TED  
Address: 2425 SPEIGEL DRIVE STE A  
City-St-Zip: GROVEPORT, OH 43125

Title: DT ( ) Delete  
Name: RANKIN, DAVID  
Address: 3750 N 144 SERVICE ROAD  
City-St-Zip: OKLAHOMA CITY, OK 73112

Title: P ( ) Delete  
Name: SMEATON, MICHAEL W  
Address: 16228 FLIGHT PATH DRIVE  
City-St-Zip: BROOKSVILLE, FL 32604

Title: S ( ) Delete  
Name: SWAFFORD, JENNIFER  
Address: 16228 FLIGHT PATH DRIVE  
City-St-Zip: BROOKSVILLE, FL 32604

## 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 Chapter 119, 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: JENNIFER SWAFFORD

S

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date