

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002316

Entity Name: ENSAFE INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

5724 SUMMER TREES DR.
MEMPHIS, TN 38134

New Principal Place of Business:

Current Mailing Address:

5724 SUMMER TREES DR.
MEMPHIS, TN 38134

New Mailing Address:

FEI Number: 58-1402235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: COOP, PHILLIP G
Address: 5724 SUMMER TREES DR.
City-St-Zip: MEMPHIS, TN 38134

Title: DVCS () Delete
Name: SPEAKMAN, JAMES N
Address: 5724 SUMMER TREES DR.
City-St-Zip: MEMPHIS, TN 38134

Title: DVP () Delete
Name: WOOD, MICHAEL A
Address: 5724 SUMMER TREES DR.
City-St-Zip: MEMPHIS, TN

Title: DVP () Delete
Name: STODDARD, PAUL V
Address: 5724 SUMMER TREES DR.
City-St-Zip: MEMPHIS, TN

Title: DV () Delete
Name: WISE, CRAIG A
Address: 5724 SUMMER TREES DR
City-St-Zip: MEMPHIS, TN

Title: DV () Delete
Name: GRAY-DAVIS, GINNY L
Address: 895 CENTRAL AVE STE 610
City-St-Zip: CINCINNATI, OH 45202

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: DVP (X) Change () Addition
Name: STODDARD, PAUL V
Address: 5724 SUMMER TREES DR.
City-St-Zip: MEMPHIS, TN

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

Title: DV (X) Change () Addition
Name: GRAY-DAVIS, GINNY L
Address: 525 VINE STREET, SUITE 1755
City-St-Zip: CINCINNATI, OH 45202

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A. WOOD

DVP

05/01/2007

Electronic Signature of Signing Officer or Director

Date