2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# F97000003393

Entity Name: SAFERIDGE USA, INC.

Current Principal Place of Business:

6250 HAZELTINE NATIONAL DR.
SUITE 100
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

6250 HAZELTINE NATIONAL DR.
SUITE 100
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 59-3429091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMEONE, CARMEN R
6250 HAZELTINE NATIONAL DR.
SUITE 100
ORLANDO, FL 32822 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:	PD	( ) Delete
Name:	SIMEONE, CARMEN R	
Address:	9581 MYRTLE CREEK LANE	
City-St-Zip:	ORLANDO, FL 32832	
Title:	VSTD	( ) Delete
Name:	GOEKJIAN, SAMUEL V	
Address:	4910 LOUGHBORO RD NW	
City-St-Zip:	WASHINGTON, DC	
Title:	CD	( ) Delete
Name:	REED, CHARLES D	
Address:	1310 Q STREET NW	
City-St-Zip:	WASHINGTON, DC	
Title:	VD	( ) Delete
Name:	GLEAVE, DAVID S	
Address:	10 LYNDOCH CRESCENT	
City-St-Zip:	GLASCOW SCOTLAND,	
Title:	D	( ) Delete
Name:	GLEAVE, ALASTAIR	
Address:	10 LYNDOCH CRESCENT	
City-St-Zip:	GLASCOW SCOTLAND,	

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:	

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: CARMEN R SIMEONE PD 04/10/2006

Electronic Signature of Signing Officer or Director — Date