


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # K30010 1. Entity Name SAFE-T-STORAGE, INC.	
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Principal Place of Business 300 E DIVISION ST MINNEOLA, FL 34755 US	Mailing Address P O BOX 795 MINNEOLA, FL 34755 US
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2928227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOCIELKO, BONITA 15245 ARABIAN WAY P O BOX 560-412 MONTEVERDE, FL 34756	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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	
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10. OFFICERS AND DIRECTORS		<p>U000000684150 03/22/07-80033-008 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMPSON, ROBERT D. 1927 BRANTLEY CIRCLE CLERMONT, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOCIELKO, JEROME E. 15245 ARABIAN WAY MONTEVERDE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOCIELKO, EUGENE T. 15225 ARABIANWAY MONTEVERDE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KOCIELKO, BONITA 15245 ARABIAN WAY MONTEVERDE, FL	
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: Bonita Kocielko **3-8-07** **352-394-0550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #