2005 LIMITED LIABILITY COMPANY

FILED May 02, 2005 8:00 am Secretary of State

ANNUAL REPORT

1. Entity Nam	е	# L04000080 SAFETY TECHNO			05-02-2005 9	00129 0	45 ****55	.00		
Principal Place of Business 401 S. 3RD ST. LANTANA, FL 33462			Mailing Address 401 S. 3RD ST. LANTANA, FL 33462				 28 8 88 88 88	I 11/1 1/11/11/11/11	4 111 4 8 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business			3. Mailing Address			- Anna Anna Anna Anna Anna Anna Anna Ann				
Suite, Apt. #, etc.			P.O. Box 4433			04272005	Chg-LLC	CR2E	083 (10/03)	
City & State			DAYTON, OI+) D Zip Country			4. FEI Numb	Not Applicable			
Zip		Country	45401-4433		Š'A	<u> </u>	of Status Desired	×	\$5.00 Add Fee Required	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered	Agent	
MCHALE & MICHAEL 2855 PGA	A. SLAVII			Street Address (ss (P.O. Box Number is Not Acceptable)					
		DENS, FL 33410								
				City	FL Zip Code				•	
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 il applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fi D	ling Fee ue by Ma	is \$50.00 y 1, 2005						_	payable to nent of State	•
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 S. 3F	AN, THEODORE G RD ST. A, FL 33462	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ŧ				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E EET ADDRESS -ST-ZIP				☐ Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receive or trustee empoweres to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1 house V. Chinton 04-28-05 561-628-4420 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devices Phone #										