


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90218 043 ***150.00

DOCUMENT # L16621	
1. Entity Name SAFETY PINS, INC.	

Principal Place of Business 5353 N FEDERAL HIGHWAY STE 204 FORT LAUDERDALE, FL 33308	Mailing Address 5353 N FEDERAL HIGHWAY STE 204 FORT LAUDERDALE, FL 33308 US
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2. Principal Place of Business 5353 N. Federal Hwy.	3. Mailing Address 5353 N. Federal Hwy.
Suite, Apt. #, etc. Suite 213	Suite, Apt. #, etc. Suite 213
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33308	Country Broward

	
04222005	Chg-P CR2E034 (10/03)
4. FEI Number 65-0057341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DORER, ERIC 5353 N. FEDERAL HWY. SUITE 204 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Gary Fronrath Street Address (P.O. Box Number is Not Acceptable) 5353 N. Federal Hwy. Suite 213 City Ft. Lauderdale FL Zip Code 33308
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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 Gary Fronrath <small>Signature, typed or printed name of registered agent and title if applicable.</small>	4-25-05 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRONRATH, GARY 5353 N FEDERAL HWY STE 204 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGILLE, JOHN D. 5353 N FEDERAL HWY STE 204 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, BARBARA 5353 N FEDERAL HWY STE 204 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Barbara Williams, Sec. <i>Barbara Williams</i> 4-25-05	954-489-3973
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>