2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L16621

Entity Name: SAFETY PINS, INC.

Current Principal Place of Business:

5353 N FEDERAL HIGHWAY
STE 213
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

5353 N FEDERAL HIGHWAY
STE 211
FORT LAUDERDALE, FL 33308

Current Mailing Address:

5353 N FEDERAL HIGHWAY
STE 213
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

5353 N FEDERAL HIGHWAY
STE 211
FORT LAUDERDALE, FL 33308 US

FEI Number: 65-0057341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRONRATH, GARY
5353 N. FEDERAL HWY.
SUITE 213
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

FRONRATH, GARY
5353 N. FEDERAL HWY.
SUITE 211
FORT LAUDERDALE, FL 33309 US

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: 05/01/2009
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: D ( ) Delete
Name: FRONRATH, GARY
Address: 5353 N FEDERAL HWY STE 204
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: LANGILLE, JOHN D.
Address: 5353 N FEDERAL HWY STE 204
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S ( ) Delete
Name: WILLIAMS, BARBARA
Address: 5353 N FEDERAL HWY STE 204
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: LANGILLE, JOHN D.
Address: 5353 N FEDERAL HWY STE 211
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S (X) Change ( ) Addition
Name: WILLIAMS, BARBARA
Address: 5353 N FEDERAL HWY STE 211
City-St-Zip: FORT LAUDERDALE, FL 33308

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: GARY FRONRATH D 05/01/2009
Electronic Signature of Signing Officer or Director — Date