


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 18 AM 9:13

DOCUMENT # M03000001670  
1. Entity Name  
ACCURATE SAFETY DISTRIBUTORS, INC.



Principal Place of Business 10320 N. THOR DRIVE FREELAND, MI 48623	Mailing Address 10320 N. THOR DRIVE FREELAND, MI 48623
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**DO NOT WRITE IN THIS SPACE**



08122005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 38-2051364	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDEN, DENNIS  
OCEAN PALMS, STE. 1056  
615 NORTH OCEAN BLVD.  
POMPANO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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 *Dennis Peden*      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEDEN, DENNIS 10320 N. THOR DRIVE FREELAND, MI 48623
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IN THIS SPACE**

REINSTATEMENT 2005

8/23/05 90094018  
\$50.00

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dennis Peden*      Date 10-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Davette Page 6