2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N00000006729

Entity Name: SAFE HAVEN, INC.

Current Principal Place of Business:

1749-A HAYWOOD MANOR RD.
HENDERSONVILLE, NC 28791

New Principal Place of Business:

10950 OLD KATY ROAD
HOUSTON, TX 77043

Current Mailing Address:

PO BOX 2283
HENDERSONVILLE, NC 28793

New Mailing Address:

14781 MEMORIAL DRIVE
BOX 75
HOUSTON, TX 77079

FEI Number: 59-3676159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, WESLEY J
609 DUNDEE DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MEAD, SUSAN
Address: 4677 PETRA CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: SUDDUTH, WILLIAM M
Address: PO BOX 1141
City-St-Zip: FORT WALTON, FL 32549

Title: D ( ) Delete
Name: SUDDUTH, JANET M
Address: PO BOX 1141
City-St-Zip: FORT WALTON, FL 32549

Title: D ( ) Delete
Name: BAUGHMAN, JEFFREY
Address: 932 EISENBERGER RD.
City-St-Zip: STRASBURG, PA 17579

Title: D ( ) Delete
Name: ROBINSON, JOSEPH
Address: 231 STONEFIELD CIRCLE
City-St-Zip: MACON, GA 31216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MEAD, SUSAN
Address: 15885 MEMORIAL DRIVE
City-St-Zip: HOUSTON, TX 77079

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. MEAD PRES 04/11/2006
Electronic Signature of Signing Officer or Director — Date