

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 19, 2006
Secretary of State

DOCUMENT# N02000002772

Entity Name: S.A.F.E. SOCIETY OF FLORIDA, INC.**Current Principal Place of Business:**3351 WILLIAMSBURG LOOP
HOLIDAY, FL 34691**New Principal Place of Business:****Current Mailing Address:**3351 WILLIAMSBURG LOOP
HOLIDAY, FL 34691**New Mailing Address:****FEI Number:** 02-0591766**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROSE, TARA L
3351 WILLIAMSBURG LOOP
HOLIDAY, FL 34691 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:** MD () Delete
Name: ROSE, TARA L
Address: 3351 WILLIAMSBURG LOOP
City-St-Zip: HOLIDAY, FL 34691**Title:** D () Delete
Name: ROSE, DANNY O
Address: 3351 WILLIAMSBURG LOOP
City-St-Zip: HOLIDAY, FL 34691**Title:** D () Delete
Name: AVILES, KIM M
Address: 1910 GROVELAND RD
City-St-Zip: PALM HARBOR, FL 34683**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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:** D () Change (X) Addition
Name: WILSON, DIANE
Address: 1344 SOLAR DR
City-St-Zip: HOLIDAY, FL 34691**Title:** D () Change (X) Addition
Name: WILSON, DAVID
Address: 1344 SOLAR DR
City-St-Zip: HOLIDAY, FL 34691

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: TARA ROSE

MD

09/19/2006

Electronic Signature of Signing Officer or Director

Date