

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007384

FILED
Apr 14, 2008
Secretary of State

Entity Name: SAFE HAVENS USA, INC.

Current Principal Place of Business:

6663 23 CIR N
ST PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

6663 23 CIR N
ST PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 20-1413476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSEY, DAVID A PRES
6663 23 CIR N
ST PETERSBURG, FL 33702 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: P () Delete
Name: MASSEY, DAVID A
Address: 6663 23RD CIRCLE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP () Delete
Name: POLING, DEL
Address: 1231 MONTECELLO BLVD N
City-St-Zip: ST. PETERSBURG, FL 33703

Title: SEC () Delete
Name: SCHANZ, DEAN
Address: 9505 69TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A MASSEY

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date