2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jun 07, 2007 8:00 am Secretary of State 06-07-2007 90003 037 ****70.00

1. Entity Nan	MENT # N05000012 IR RADIO SAFETY FOUND					00-07-2007	30003 031	70.00
Principal Place of Business 6143 ANCHOR LANE ROCKLEDGE, FL 32955		Mailing Address 6143 ANCHOR LANE ROCKLEDGE, FL 32955			2006 4	# ETYL (759 164 211 616)		
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06052007	Chg-NP	CR2E037 (12/06)	1
City & State		City & State		4. FEI Number	58690	\ ^\ \ \ 	Applied For	
Zip	Country	Zip	Cou	intry	5. Certificate of	Status Desired	\$8.75 A	dditional
	6. Name and Address of Current	Registered Agent	J		7. Name and Ad	dress of New R	egistered Agent	
MUSTHIN	C IP CEPALDE			Name				
MUETHING, JR., GERALD F 6143 ANCHOR LANE ROCKLEDGE, FL 32955			Street Address		(P.O. Box Number is Not Acceptable)			
				City			FL Zip Co	de
8. The above the obligat	e named entity Submits this statement for tions of registered agent.	or the purpose of changing it	s registere	ed office or regist	ered agent, or both,	in the State of Flo	orida. I am familiar witl	n, and accept
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature requi	red when reinstating)		DATE	
	Signature, hyped or printed name of registered agent : Filling Fee Is \$61.25 ue by September 14, 2007	and title if applicable. (NO 9. Election Ca Trust Fund	ampaign Fi	inancing	\$5.00 May Be Added to Fees		DATE ake check payable ida Department of S	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNES JUNES 2657 (321)634-5818