2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N06000005026

Entity Name: MYSAFEKIDS.ORG INC.

Current Principal Place of Business:

171 E GRANADA PLAZA SUITE 1530
ORMOND BEACH, FL 32176

New Principal Place of Business:

1458 OCEAN SHORE BLVD. SUITE 1440
ORMOND BEACH, FL 32176

Current Mailing Address:

171 E GRANADA PLAZA SUITE 1530
ORMOND BEACH, FL 32176

New Mailing Address:

1458 OCEAN SHORE BLVD. SUITE 1440
ORMOND BEACH, FL 32176

FEI Number: 14-1966631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAMMARTANO, JOSEPH P
3 SEA HARBOR DRIVE WEST
ORMOND BEACH, FL 32176 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: DIRE ( ) Delete
Name: SAMMARTANO, JOSEPH P
Address: 3 SEA HARBOR DRIVE WEST
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: DVP ( ) Delete
Name: PAWLIK, JEAN
Address: 33 UNO LAGO DRIVE
City-St-Zip: JUNO BEACH, FL 33408 US

Title: DCTO ( ) Delete
Name: FENNER, JOHN
Address: 8437 TUTTLE AVE # 129
City-St-Zip: SARASOTA, FL 34243 US

Title: VP ( ) Delete
Name: SAMMARTANO, JOSEPH P
Address: 3 SEA AHRBOR DRIVE WEST
City-St-Zip: ORMOND BEACH, FL 32176

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: ( ) 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: JOSEPH SAMMARTANO DIR 05/13/2009

Electronic Signature of Signing Officer or Director — Date