2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# P00000056724

Entity Name: NATIONWIDE HEALTH AND SAFETY, INC.

Current Principal Place of Business:

1000 W MCNAB RD
SUITE 207
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1000 W MCNAB RD
SUITE 207
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-3652304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILFONG, LAURI
1000 W. MCNAB RD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

WILFONG, LAURI
1000 W. MCNAB RD
POMPANO BEACH, FL 33069 US

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: 04/02/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: WILFONG, LAURI L
Address: 1000 W MCNAB RD STE 207
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURI WILFONG PSTD 04/02/2004
Electronic Signature of Signing Officer or Director — Date