

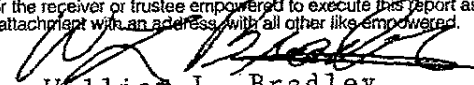


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000068131 1. Entity Name SAFETY FIRST SUPPLY COMPANY OF AMERICA, INC.				
Principal Place of Business 112 CAROLINA LAKE DRIVE SUITE 305 DAYTONA BEACH, FL 32114-7487		Mailing Address P.O. BOX 11423 DAYTONA BEACH, FL 32120-1423		
DO NOT WRITE IN THIS SPACE		 04192006 No Chg-P CR2E034 (11/05)		
		4. FEI Number 59-3635764		
		Applied For <input type="checkbox"/> Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALDEN, JOHN P 112 CAROLINA LAKE DRIVE SUITE 305 DAYTONA BEACH, FL 32114		DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000529129 05/05/06-80064-012 150.00		
TITLE	PD			
NAME	PANTAGIS, JACQUELINE M			
STREET ADDRESS	4206 WHITFORD COURT			
CITY-ST-ZIP	GLEN ALLEN, VA 23060			
TITLE	VP			
NAME	BRADLEY, WILLIAM L			
STREET ADDRESS	4497 N. OAKLAND ST			
CITY-ST-ZIP	ARLINGTON, VA 22203			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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 607, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/18/06 386-562-3618 <small>Date Daytime Phone #</small>		