2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Will

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P00000068131** 04-23-2007 90094 044 ***150.00 SAFETY FIRST SUPPLY COMPANY OF AMERICA, INC. Principal Place of Business Mailing Address 400/0407 112 CAROLINA LAKE DRIVE P.O. BOX 11423 DAYTONA BEACH, FL 32120-1423 SUITE 305 DAYTONA BEACH, FL 32114-7487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 59-3635764 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALDEN, JOHN P Street Address (P.O. Box Number is Not Acceptable) 112 CAROLINA LAKE DRIVE SUITE 305 DAYTONA BEACH, FL 32114 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE TITLE Change Addition ☐ Delete CFO PANTAGIS, JACQUELINE M NAME NAME Marissa A. Walden STREET ADDRESS 4206 WHITFORD COURT STREET ADDRESS 112 Carolina Lake Drive, CITY-ST-7IP GLEN ALLEN, VA 23060 CITY-ST-7IP Daytona Beach, FL 32114□Change TITLE Addition ☐ Delete TITLE BRADLEY, WILLIAM L NAME NAME STREET ADDRESS 4497 N. OAKLAND ST STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22203 CITY-ST-ZIP TITI F ☐ Delete TITLE NAME NAME Ricardo Lopez STREET ADDRESS STREET ADDRESS 11 W. 42nd Street CITY-ST-ZIP City-St-ZIP Ste 919 ☐ Change ☐ Addition TITLE ☐ Delete TITLE New York, New York 10036 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this bing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental proof 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 all ather like empowered.

FILED