

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078218

FILED
Mar 13, 2004
Secretary of State

Entity Name: PLAY SAFE SYSTEMS, INC.

Current Principal Place of Business:

4891 N.W. 103 AVENUE
BOX #13
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4891 N.W. 103 AVENUE
BOX #13
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1061387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKAIN, PAUL C
3300 N.W. 97 AVE
SUNRISE, FL 33351 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MCKAIN, PAUL C
Address: 3300 NW 97TH AVE
City-St-Zip: SUNRISE, FL 33351

Title: VS () Delete
Name: FRITZE, MARK
Address: 558 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PAUL C. MCKAIN

PR

03/13/2004

Electronic Signature of Signing Officer or Director

Date