2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# P02000012002

Entity Name: TRANSITION SAFETY, INC.

Current Principal Place of Business:

14890 SW 152 CT
MIAMI, FL 33196 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 770758
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 04-3536587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, B A MD
14890 SW 152 CT
MIAMI, FL 33196 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: P ( ) Delete
Name: JACKSON, B A MD
Address: 14890 SW 152 CT
City-St-Zip: MIAMI, FL 33196 US

Title: TRES ( ) Delete
Name: JACKSON, B A MD
Address: 14890 SW 152 CT
City-St-Zip: MIAMI, FL 33196 US

Title: CLER ( ) Delete
Name: BROWN, LEE M PHD
Address: 2651 16TH ST NW, STE 506
City-St-Zip: WASHINGTON, DC 20009 US

Title: DIR ( ) Delete
Name: BROWN, COLUMBUS H
Address: 1839 EASTGATE DR
City-St-Zip: STONE MOUNTAIN, GA 30087 US

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 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: B.A. JACKSON, MD P 05/03/2004

Electronic Signature of Signing Officer or Director — Date