2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2004 8:00 am Secretary of State DOCUMENT # P02000049256 1. Entity Name 02-11-2004 90015 007 ***150.00 ENERSAFE, INC. Principal Place of Business Mailing Address 17355 ROSA LEE WAY NORTH REDINGTON BEACH FL 33708 2100 62ND AVE. NORTH SUITE B SAINT PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Gulf + Bay Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 04-3659292 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33759 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WIRTH, EDWARD D JR. Street Address (P.O. Box Number is Not Acceptable) 17355 ROSA LEE WAY NORTH REDINGTON BEACH FL 33708 Zip Code 8. The above named entity submits this statement for the purpose of changing its regist er beth, in the State of Florida. I am familiar with, and accept Principle Place of Burnes the obligations of egistered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Addition WIRTH, EDWARD D JR. NAME STREET ADDRESS 17355 ROSA LEE WAY STREET ADDRESS NORTH REDINGTON BEACH FL 33708 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition POREBSKI, WOJCEICH NAME NAME STREET ADDRESS 80 GREYSTONE STREET ADDRESS POINTE CLAIRE QU H9R5T-6 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME HAWKINS, ROBERT --- -NAME 8627 Tidal Bay Lane STREET ADDRESS STREET ADDRESS 1209 BAY CLUB CIRCLE Times FL 33635 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED