2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 05, 2007 08:00 AM DOCUMENT # P02000088722 **Secretary of State** 1. Entity Name SAFETY HIGHWAY PRODUCTS FL INC. Mailing Address Principal Place of Business 22904 LA CORNICHE WAY P.O. BOX 880429 BOCA RATON, FL 33488 BOCA RATON, FL 33433 No Chg-P CR2E034 (11/05) 01082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 11-3650931 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PINTER, DAVID 22904 LA CORNICHE WAY BOCA RATON, FL 33433 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) Signature, typed or printed name of registered agent and title if applicable U00000622297 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 02/13/07-80021-005 150.00 Trust Fund Contribution. -Added to Fees OFFICERS AND DIRECTORS 10. TITLE PINTER, DAVID STREET ADDRESS 22904 LA CORNICHE WAY CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing cloes 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7/P

800)634-6564