2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097601

Entity Name: SAFE T FENCE, INC.

FILED Jul 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1116-7TH PLACE 2135 87TH AVE

VERO BEACHH, FL 32962 VERO BEACH, FL 32966

Current Mailing Address: New Mailing Address:

1116-7TH PLACE 2135 87TH AVE

VERO BEACHH, FL 32962 VERO BEACH, FL 32966

FEI Number: 22-3871308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, CHRISTOPHER D HOWARD, WAYNE L 1116 - 7TH PLACE 2135 87TH AVE

VERO BEACH, FL 32962 US VERO BEACH, FL 32966 US

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: WAYNE HOWARD 07/12/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition

 Name:
 THOMAS, CHRISTOPHER D
 Name:
 HOWARD, WAYNE L

 Address:
 1116-7TH PLACE
 Address:
 2135 87TH AVE

 City-St-Zip:
 VERO BEACHH, FL 32962
 City-St-Zip:
 VERO BEACH, FL 32966

Title: DVS (X) Delete Title: () Change () Addition

 Name:
 HOWARD, WAYNE
 Name:

 Address:
 1116-7TH PLACE
 Address:

 City-St-Zip:
 VERO BEACHH, FL 32962
 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: WAYNE L HOWARD DPT 07/12/2004