2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2006 8:00 am Secretary of State **DOCUMENT # P03000069296** 05-01-2006 90294 005 ***150.00 1. Entity Name GLOBAL SAFE & SECURITY, INC. Principal Place of Business Mailing Address 259 GOOLSBY BLVD. 259 GOOLSBY BLVD. DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 No Chg-P CR2E034 (11/05) 01192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0115370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRODACH, HARVEY DO NOT WRITE 259 GOOLSBY BLVD. DEERFIELD BEACH, FL 33442 IN THIS SPACE 8. The above named entity spomits 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** of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE EY Christopher Bentien NAME STREET ADDRESS 259 GOOLSBY BLVD. CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE BENTIEN, CHRISTOPHER NAME STREET ADDRESS 259 GOOLSBY BLVD. DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TETLE NAME BENTIEN, CHRISTOPHER STREET ADDRESS 259 GOOLSBY BLVD DO NOT WRITE CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does 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 attachpent with an address, with all other like empowered.

FILED