2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000091836

1. Entity Name
SAFE BOUNDARY SYSTEMS, INC.

Principal Place of Business	Mailing Address
2918 FOREST CLUB DRIVE	2918 FOREST CLUB DRIVE
PLANT CITY, FL 33566	PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

04112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
43-2025941	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHEL, MICHAEL S
2918 FOREST CLUB DRIVE
PLANT CITY, FL 33566

DO NOT WRITE 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.
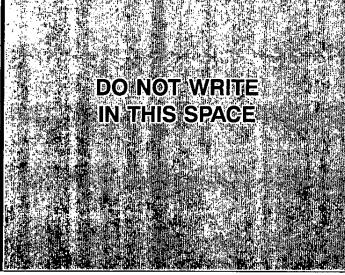
SIGNATURE _____ NA _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000901181 04/29/08-80060-004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHEL, MICHAEL S
STREET ADDRESS	2918 FOREST CLUB DRIVE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	MITCHEL, SUSAN M
STREET ADDRESS	2918 FOREST CLUB DRIVE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: _____   4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #