2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X 6

Secretary of State DOCUMENT # P03000116571 01-17-2006 90262 015 ***158.75 SAFARI ELECTRIC, INC. Principal Place of Business Mailing Address 8233-27 GATOR LANE P.O. BOX 210817 20001404 WEST PALM BEACH, FL 33421 WEST PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01062006 Applied For 4. FEI Number City & State City & State 20-0282844 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POPE, WALTER J Street Address (P.O. Box Number is Not Acceptable) 10820 TAMIS TRAIL LAKE WORTH, FL 33467 City Zip Code 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. DATE Signature, typed or printed name 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. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PST ☐ Addition ☐ Delete TITLE ☐ Change POPE, WALTER J NAME NAME 10820 TAMIS TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE WORTH, FL 33467 CITY-ST-ZIP Delete TITLE Change ☐ Addition ΠπF NAME POPE, WALTER J NAME STREET ADDRESS 10820 TAMIS TRAIL STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP Change ☐ Addition TITLE TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITS F T Channe ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

CERCER OR DIRECTOR

FILED

Jan 17, 2006 8:00 am