
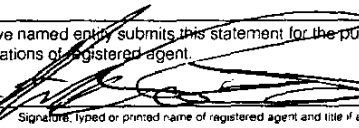
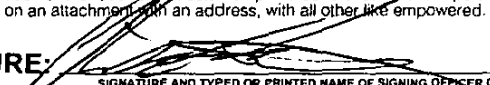


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90041 034 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # P04000037069 | | | |  | |
| 1. Entity Name CENTRAL FLORIDA SAFETY PRODUCTS INC. | | | | | |
| Principal Place of Business 3622 GATEWOOD DRIVE ORLANDO, FL 32812 US | | | Mailing Address 3622 GATEWOOD DRIVE ORLANDO, FL 32812 US | | |
| 2. Principal Place of Business - No P.O. Box # 3319 CALCUTTA AVE. | | 3. Mailing Address 3319 CALCUTTA AVE. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | | 4. FEI Number 03-0538127 | |
| Zip 32817 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MUSE, ANNETTE M 3622 GATEWOOD DRIVE ORLANDO, FL 32812 | | | 7. Name and Address of New Registered Agent Name: <u>RICHARD SCHROEDER</u> Street Address (P.O. Box Number is Not Acceptable): <u>3319 CALCUTTA AVE.</u> City: <u>ORLANDO, FL</u> Zip Code: <u>32817</u> | | |
| 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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | RICHARD SCHROEDER PREC/D. 4/8/08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUSE, ANNETTE M 3622 GATEWOOD DRIVE ORLANDO, FL 32812 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D RICHARD SCHROEDER 3319 CALCUTTA AVENUE ORLANDO, FL 32817 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUSE, C. DAVID 3622 GATEWOOD DRIVE ORLANDO, FL 32812 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D EVA NEWSHUTZ 4456 VIRGINIA DRIVE ORLANDO, FL 32814 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D REEVE RICHARDSON 3319 CALCUTTA AVENUE ORLANDO, FL 32817 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | RICHARD SCHROEDER 4/8/08 407-583-7833 <small>Date Daytime Phone #</small> | | |