

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90043 046 \*\*\*150.00

<b>DOCUMENT # P04000057727</b>					
<b>1. Entity Name</b> BEASAFE HOME WATCH INC.					
<b>Principal Place of Business</b> 11394 STRATHAM LOOP ESTERO, FL 33928			<b>Mailing Address</b> 11394 STRATHAM LOOP ESTERO, FL 33928		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 80-0109343	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	DPT BRAVEMAN, ROCHELLE 11394 STRATHAM LOOP ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President STEVEN H. BRAVEMAN 11394 STRATHAM LOOP ESTERO, FL 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAVEMAN, STEVEN 11394 STRATHAM LOOP ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President PAUL TATRO 21510 PORTRUSH RUN ESTERO, FL 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATKINSON, MELISSA 11394 STRATHAM LOOP ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ROCHELLE BRAVEMAN 11394 STRATHAM LOOP ESTERO, FL 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer REGINA TATRO 11394 STRATHAM LOOP ESTERO, FL 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>STEVEN H. BRAVEMAN</u> <b>1/23/06 239-280-7467</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					