2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096030

Entity Name: SAFE POWER DISTRIBUTORS INC.

FILED Mar 21, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3930 TAMPA RD. OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

3930 TAMPA RD. 20 RUSTIC COURT

OLDSMAR, FL 34677 PALM HARBOR, FL 34683

FEI Number: 20-1281904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROY, JOSHUA
3930 TAMPA RD.

VAIL, DONNA
20 RUSTIC COURT

OLDSMAR, FL 34677 US PALM HARBOR, FL 34683 US

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.

SIGNATURE: DONNA VAIL 03/21/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CROY, JOSHUA
 Name:
 VAIL, DONNA

 Address:
 105 WATERBERRY DR.
 Address:
 20 RUSTIC COURT

 City-St-Zip:
 TARPON SPRINGS, FL 34688
 City-St-Zip:
 PALM HARBOR, FL 34683

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CROY, RICHARD
 Name:
 VAIL, JOHN

 Address:
 105 WATERBERRY DR.
 Address:
 20 RUSTIC COURT

 City-St-Zip:
 TARPON SPRINGS, FL 34688
 City-St-Zip:
 PALM HARBOR, FL 34683

Title: D (X) Delete Title: () Change () Addition

 Name:
 VAIL, JOHN
 Name:

 Address:
 20 RUSTIC COURT
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA VAIL D 03/21/2005